L19000152910

Office Use Only



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JUN 1 7 2020

S. YOUNG

COVERTEILER

Registration Section Division of Corporations

TO:

ICONIC D	EVELOPMENTS OF SWFL.	LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jacqueline Lagnese			
		Name of Person		
	ICONIC DEVELOPMEN	TS OF SWFL, LLC		
	-	Firm/Company		
	2484 10TH AVE NE			
	-	Address		
	NAPLES FL 34120			
		City/State and Zip Code		
	JACKYLAGNESE@GMA			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	ail:		
		at ()	ne Telephone Number	
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25,00 Filing Fcc	\$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.	
V 1060	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
V 1060			(additional copy is enclosed)	
Mailing Address:		Street Address: Registration Section		
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, l	rL 32314	2415 N. Monro Tallahassee, FL	be Street, Suite 810 2 32303	

TO

ARTICLES OF ORGANIZATION **OF**

ICONIC DEVELOPMENTS OF S	SWFL, LLC		一种 医门		
(Name of the Lim	cords.)				
The Articles of Organization for this Limited I Florida document number 1.19000152910	and assigned				
This amendment is submitted to amend the fol	lowing:		·		
A. If amending name, enter the new name	of the limited lia	bility company here:			
The new name must be distinguishable and contain the	words "Limited Liab	bility Company," the designation	'LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	2484 10TH AVE NE			
(Principal office address MUST BE A STREET ADDRESS)		NAPLES FL 34120			
Enter new mailing address, if applicable:		2484 10TH AVE NE			
(Mailing address MAY BE A POST OFFICE BOX)		NAPLES FL 34120			
B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	•	VE NE			
-	ATAIN 150	Enter Florida street aa			
	NAPLES	· · ·	, Florida 34120 Zip Code		
		City	Zīp Code		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Beverly Sunquist	5455 TAMARIND RIDGE DRIVE NAPLES, F	L.34119 ≣Add
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Do	ock does not meet the a	pplicable statutory	or more than 90 days at filing requirements, s	otional) fler filing.) Pursuant to this date will not be	605,020° listed as
e record specifies a delayed effective rd is filed.	e date, but not an effect	ive time, at 12:01 a	i.m. on the earlier of:	(b) The 90th day a	ifter the
May 26th Dated	2020	·			
	,				
Jacquela	Signature of a member or	authorized represent	ative of a member	· · · · · · · · · · · · · · · · · · ·	-

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