Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name ; TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131

Fax Number

: (888)453-0589

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IKON HOME SOLUTIONS LLC

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Corporate Filing Menu

Help

Registration Section

To:

TO:

COVER LETTER

Division of Corp	porations		
IKON HOM	E SOLUTIONS LLC		
SUBJECT:	Name of Lin	ited Liability Company	<u>-</u>
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	ED KOTLER		
		Name of Person	···
	TAX ZONE INC		
		Firm/Company	
	8865 COMMUNITY CIR	STE 4	
		Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	
	ACCOUNTANT@TAXZC		
	E-mail address: (to be used for future annual report no	tification)
For further information co	neeming this matter, please e	all:	
ED KOTLER		407 888-3131 at ()	
Name of	Person	Area Code Daytis	me Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mulling Addrage		Straat Addross	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 AUG 22 AM 10: 01

IKON	HOME	SOLU	JTIONS	LLC
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(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia Florida document number L20000188679	bility Company w	vere filed on 07/067	2020	and assigned
This amendment is submitted to amend the follow	wing:			,
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabilit	y Company," the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>·OX)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office address		ldress on our reco	rds, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	_ tra	ncisco_	Rodria	UEZ
New Registered Office Address:	1322	Cak Cre	est st.	
	Daven	part City	, Florida _	33837. Zip 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 the 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

To:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	JULIA SARRIA	1322 OAK CREST ST	
		DAVENPORT, FL 33837	≅Remove
			☐ Change
			□Add
			DRemove
			☐ Change
		€JAdd	
		□Remove	
			□ Change
			□ Add
			□Remove
		·	Change
		□Add	
		□Remove	
			☐ Change
			□Add
			□Remove
		·	☐ Change

amending any other mornis	tion, enter change(s) here: (Attach additional she	eeus, y necessury.
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ffective date, if other than the an effective date is listed, the date mus lote: If the date inserted in this bloocument's effective date on the Date	t be specific and cannot be prior to date of filing or more than ock does not meet the applicable statutory filing require	(optional) 90 days after filing.) Pursuant to 605.0207 (3)() ements, this date will not be listed us the
record specifies a delayed effective is filed.	e date, but not an effective time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after the
ated	2022	
	Julia Savvia	
	Signature of a member or authorized representative of a men	nider
JULIA SARRIA		