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## **COVER LETTER**

Division of Corp	porations			
SUBJECT:	IKKE	s ilc		
	Name of Lin	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		•
	George	Name of Person		
		ED LLC Firm/Company	<u> </u>	
	23424 Su	J 1107h AVE		•
	7 1	City/State and Zip Code	~	
	E-mail address: (	183 @ Great . Wr to be used for future annual re	port notification)	O
For further information ec	oncerning this matter, please c	all:		7021
George	DEKKI	( <u>38F_</u> ) as	4430258	
Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a check for th	e following amount:			• ==
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	e of Status &
Mailing Address Registration S		<u>Street Adc</u> Registrat	Iress: ion Section	

Division of Corporations

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IKKED LLC

(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 Liability Company	were filed on 02 02 202	l and assigned
Florida document number LZ1000058719	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		27
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new registered
agent and/or the new registered office address neve.		
Name of New Registered Agent:		> -
Name of New Kegistered Agent.		***
New Registered Office Address:	Enter Florida street address	2
	, Florida	Zip Code
Standard Barbara de La constitución de la constituc	Cuỳ	zην code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre		

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
esidan t	George BEKKI	J34J4 SW 11074 AVE	<b>X</b> Add
		<u> </u>	□Remove
			□Change
AMBR	George Dekki	23424 Sw 110Th Ave 1 Homestead, FT 33032	<b>'ञ्</b> Add
			□Remove
			□ Change
<del></del>			©jÅdd
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or m  e: If the date inserted in this block does not meet the applicable statutory filingument's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to o g requirements, this date will not be l	505.020 isted a:
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of filed.	on the earlier of: (b) The 90th day a	fter the
ed 05/03/2021		
\		
Signature of a number or authorized representative	of a member	