

LA-000530538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

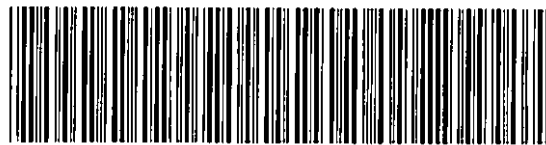
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

OCT 13 2023

Office Use Only



200417240532

10/13/23--01004--006 **25.00

23 OCT 13 AM 11:26

RECEIVED

2023 OCT 13 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLIGATOR POINTE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRENT T. KUCK

Name of Person

Firm/Company

2128 HARLANS RUN

Address

NAPLES, FL 34105

City/State and Zip Code

BKUCK@KCIFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRENT T. KUCK

239 825-6198

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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)

Mailing Address:

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

Street Address:

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

**Iconic Finishes LLC
2128 Harlans Run
Naples, Florida 34105
239-825-6198**

October 11, 2023

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Please accept this letter as a request to voluntarily release my former limited liability company name, "Iconic Finishes LLC", document number L23000150764.

Thank you for your assistance in this matter. If you have any questions, I can be reached at the number above.

Sincerely,

A handwritten signature in black ink, appearing to read "Brent Kuck", with a long horizontal stroke extending to the right.

Brent Kuck

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

23 OCT 13 AM 11:26
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

ALLIGATOR POINTE 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 12/17/2021 and assigned
Florida document number L21000530538.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ICONIC FINISHES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida 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

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

[illegible]

N/A

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 12, 2023

B _____

BRENT T. KUCK

Filing Fee: \$25.00