Laa000328953

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	
PLEASE use funds from ACCT: 1202 Authorization Signature:	10000160 AMOUNT: <u>\$.25.00</u> L22000328953 Document #
Walk in	Pick up time
Mail out	Will wait
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Not for Profit Limited Liability Domestication Other	Resignation of R.A. Officer/D Change of Registered Agent Dissolution/Withdrawal Merger Conversion
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Not for Profit Limited Liability Domestication Other CORP	Resignation of R.A. Officer/D Change of Registered Agent Dissolution/Withdrawal Merger Conversion Articles of Conversion REGISTRATION/QUALIFICATIONS

TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	
PLEASE use funds from ACCT: I Authorization Signature: Iconic Realty Advisors LLC Business	20210000160 AMOUNT:\$.25.00
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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: I CONIC Realty Advisors, 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:
Dagelyn Meyer Nurse of Person
I conic Realty Advisors, LLC
13321 Budworth circle
Orlando FL 32832 City/State and Zip Code I con: Crea Hyadvisors @gmail. Com E-mail address: (to be used for future annual report notification)
I conicrealty advisors @ gmail. Com E-mail address: (to be used) for future annual report notification)
For further information concerning this matter, please call:
Dagel 10 Meyer at (305) 305-37 Ley Area Code Dayrime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\times \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

I conic Realty Advisors, 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 7 25 27 and assigned Florida document number <u>L22000328953</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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
, Florida
City 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

<u>Title</u>	Name	Address	Type of Action
MGIR	Jondthan Campos	13321 Budwarth Circe Orlando FL 32832	□Add
		Orlando FL 32832	Remove
			DAdd
			□ Remove
			Change
			□Add
			□ Remove
			Change
~			□Add
			□Remove
			□ Change
			□ Remove
			□Change
			□Add
			□Remove
			Change

	eding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Tan effi Note:	ve date, if other than the date of filing:
record d is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	August 16, 2022
	Signature of a member or authorized representative of a member
	Dagelyn Moyer

Filing Fee: \$25.00