L23000209772

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Iconic Prote	ection LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ondence concerning this matter	to the following:	
		Eneida Perez		
			Name of Person	
		Iconic Protection LLC		
			Firm/Company	
		16248 SW 81 St		
			Address	*.)
		Miami, Fl 33193		
			City/State and Zip Code	 .
		encidap074@gmail.com	to be used for future annual report notil	ication)
For further in	nformation c	oncerning this matter, please ca		
Eneida Pere	7.		786 278-3049	ن د
	Name o	f Person	at ()	: Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 F	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)
	iling Addres gistration S		<u>Street Address:</u> Registration Sec	etion

Division of Corporations

TO:

Registration Section

P.O. Box 6327 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

Iconic Protection, LLC		
(Name of the Limited Liability Co) (A Florida Limit	npany as it now appears on our record red Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comparida document number 1.23000209772	any were filed on April 27, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited I</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited L.		
Enter new principal offices address, if applicable:	_ <i>N/A</i>	
Principal office address MUST BE A STREET ADDRESS	<u></u>	
		F-7
		j
Enter new mailing address, if applicable:	NA	
•	_/~/!!	
Mailing address MAY BE A POST OFFICE BOX)		•
		•
		er en
 If amending the registered agent and/or registered offi- igent and/or the new registered office address here: 	ce address on our records, <u>enter</u>	the name of the new registe
gent and/of the new registered office address here.		
Name of New Registered Agent:	'/A	
New Registered Office Address:	Enter Florida street addres	
··	, Flo	orida Zip Code
	cui,	239 53300

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Raul V Lopez	18640 SW 17 court	= Add
		Miramar, FI 33029	[IRemove
			□Change
			□Add
			Remove
			☐Change
			□Add
			∷. ∴ ∷. □Remove
			Change
			🗆 Add
			Remove
		-	□Change
			□Add
			□Remove
			□ Change
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			□Remove
			□Change

Iconic Protection LLC		
		
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effective date is listed, the date m : If the date inserted in this l	he date of filing:	
ord specifies a delayed effect filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	: 90th day after
d	. 2023	
	57/1	
	Signatur of a member or authorized representative of a member	

Filing Fee: \$25.00