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TO: **Registration Section Division of Corporations**

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Iconic Protection, LLC SUBJECT:

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:

	Raul V Lopez	
		Name of Person
	leonic Protection, LLC	
		Firm/Company
	18640 SW 17 CT	
		Address
	Miramar. FI 33029	
		City/State and Zip Code
	rvlopez02@gmail.com	
	E-mail address: r	to be used for future annual report notification)
For further information c	concerning this matter, please e	all:
Raul Lopez		305 469-1925 at ()
Name c	of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section 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 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 04/27/2023	_ and assigned
Florida document number L23000209772	

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 "ELC" 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)

18640 SW 17 CT

Miramar, F 33029

18640 SW 17 CT

Miramar, FI 33029

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

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 littbility	Name of New Registered Agent:		
City Signature, if changing Registered Agent: 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 limiting of this change.	New Registered Office Address:		
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 littbility company has been notified in writing of this change.		Enter Florida sh	vet address
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.			, Florida
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	provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	omplete performance of my d ent as provided for in Chapt	city. I further agree to comply with the huties, and I am familiar syith and ter 605, F.S. Or if this document is nfirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Eneida Perez	16248 SW 81st St	🗆 Add
		Miami, Fl 33193	Remove
			□Change
			⊡Add
			[]Remove
			□Add
			⊡Remove
			🗆 Add
			□Change
	 		🗆 Add
			🗆 Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effec	tive date, if other than the date of filing: (optional)	
E. Effec (If an c	ctive date, if other than the date of filing:(optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0)207 (3)(
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Encida Perez Typed or printed name of signee