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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|--|--|
| SUBJECT: | Icon Phon | to LLC. | • |
| 30001.CT | | ted Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are subt | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Exaderina | Name of Person Firm/Company | |
| | la. | Name of Person | |
| | /con Pho | to L.L.C | |
| | | | 9023 FC0 |
| | 5807 PORKU | iew Point DR | 103 TH 20 |
| | | Address | . 23 |
| | DR Cando | , F1 , 3282/ | |
| | Katie Ki | City/State and Zip Code OKN Dychoo. Coo o be used for future annual report notific | φ cation) |
| For further information | concerning this matter, please ca | | , |
| | 2 Kuchurina | | 3202715 |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | the following amount: | | |
| S25.00 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 Addre | | Street Address: | |
| Registration Division of 0 | | Registration Sect Division of Corp | |
| P.O. Box 632 | | The Centre of Ta | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Photo | 40 | | |
|---|--|--------------------------------|---------------------------------------|--|
| (Name of the Limite | d Liability Company as A Florida Limited Liabil | n now appears on outy Company) | our records.) | |
| The Articles of Organization for this Limited Lia Florida document number <u>L 23 00</u> 0 a | ability Company were 2637/3 | e filed on Sw | biz. org. | and assigned |
| This amendment is submitted to amend the follo | wing: | | | |
| A. If amending name, enter the new name of | the limited liability | company here | | |
| , <u> </u> | | company more. | | |
| The new name must be distinguishable and contain the we | ords "Limited Liability Co | onipany," the designa | tion "LLC" or the at | obreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | | <u>.</u> | 700 |
| (Principal office address MUST BE A STREET | ADDRESS) | | · <u>·</u> | |
| | | | ·*. | <u> 22 </u> |
| _ | | | | ·n |
| Enter new mailing address, if applicable: | _ | | | |
| (Mailing address MAY BE A POST OFFICE B | <u></u> | | - | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| B. If amending the registered agent and/or re agent and/or the new registered office address | <u>here</u> : | | | |
| Name of New Registered Agent: | Exateri | na Kuchi | urina_ | |
| New Registered Office Address: | 5807 Pa | RKVIEW | Point Dx | <u> </u> |
| | EKATERI 5807 Pa ORlan | Enter Florida str. | cet address . Florida | 32821 |
| | (| Sity | | 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 Lichter

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 |
|--------------|------------------|---|----------------|
| AMBR | Exaterina Kuchur | Address ing SSD1 PORKVIEW Point DR OKlando, Fl, 32821 | = Add |
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| an effective date is li Sote: If the date in | other than the date of isted, the date must be specifiserted in this block does be date on the Departmen | ic and cannot be p not meet the am | | | _ (optional) lays after filing.) ents, this date v | Pursuant to 605,020 vill not be listed a. |
| | delayed effective date, bu | | | | | 90th day after the |
| ated <u>06</u> . | 15. 2023 Signature | <u> </u> | · · | | | |
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Filing Fee: \$25.00