## L23000354656

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: 1KO	1 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	L.C. ted Liability Company	<del></del>
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Elkir	n Sanchez	
		Name of Person	
		Firm/Company	
	20861 Joh	NSCA ST# 10:	3
	Pembroke LSanche	Pines, FL 330 City/State and Zip Code CZ @ di++ Corp o be used for future annual report notion	029 0- Com
For further information co	oncerning this matter, please ca		
EIKIN So	anchez Person	at ( <u>954</u> ) <u>662</u> Area Code) Daytim	re Telephone Number
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

2024 MAR = 8 AM 9: 56
SECRETARY OF STATE
TALLAHASSEE. FL

TERD

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IKON Realty L	· L. C.
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L23000354656}$	were filed on $\frac{7 27 2023}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C" 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 a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	<del></del>
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	TAL TAL
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am Jumiliar ith and provided for in Chapter 605, F.S. Or Julis designment is

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>	Address	Type of Action
M <u>GR</u>	Elkin A. Sanchez	20861 Johnson ST	\alpha\dd
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cord specifies a d	elayed effective date	:. but not an effec	ctive time, at 12:0	l a.m. on the earl	ier of: (b) The	RYGOF STATE
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Filing Fee: \$25.00