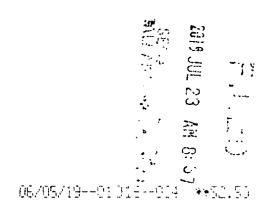
L16000126966

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800330190948



Y SULKER
JUL 3 0 2019





June 21, 2019

COMMOR, LLC 10533 WHITTINGTON COURT LARGO, FL 33773-1868

SUBJECT: COMMOR, LLC Ref. Number: L16000126966

We have received your document for COMMOR, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Letter Number: 719A00012586

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	OMMON Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and tee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Victo	or Comorsk	<u>/ </u>
	Comm	Firm/Company	
		hittington Ct	
	Largo FL	/33443 City/State and Zip Code	
	E-mail address:	I'ne opmoil. Co	ication)
For further information e	oncerning this matter, please ca	vil:	
Victor C	Omons Li Person	at (<u>727)</u> 4 <u>523</u> Area Code Daytime	Telephone Number
Enclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30,00 Filling 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2061 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Commor L	1C
(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\angle 16000126966$.	were filed on $06/05/2016$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10533 Whittington Court Largo, F/ 33773-1868
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10533 Whittington Court Longo, FL 33773-1868
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
·	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change	eperformance of my duties, and I am familiar with and eprovided for in Chapter 605 F.S. Or, if this document is
and a	Designation of New Project and 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
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ AJd
			☐ Remove
			☐ Change
			Add
		☐ Remove	
			Change
			☐ Remove
			Change
		·	Add
			□ Remove
			☐ Change

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
	1-
(lf an effec <u>Note:</u> L	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	07/10/2019 Word Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Victor Comorski Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00