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Office Use Only



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COVER LETTER

TO: Registration Division of C		
SUBJECT:	Manue of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	pondence concerning this matter to the following:	
	Monishayala Armwood Name of Person	
	Firm/Company	
	412 Chimney Rack Dr	
	H12 Chimney Rock Dr Address Ruskin, F1 3357c City/State and Zip Code Realestate & Kon's Laya & cum E-mail address: (to be used for future annual report Hotification)	
	Realestate DKon's Layaki.cum E-mail address: (to be used for future annual report notification)	
For further information	a concerning this matter, please call:	
Konishay	aki Armwood at (35) 1610-3850 Area Code Daytime Telephone Number	_
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	\$30,00 Filing Fee & S60,00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60,00 Filing Fee & Certificate of S Certified Copy (additional copy is	Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Konishayak		
(<u>Name of the Limited Elability</u> (A Florida L	Company as it now appears on our recommitted Liability Company)	ord <u>s.</u>)
The Articles of Organization for this Limited Liability Conference of Organization for Organization for this Limited Liability Conference of Organization for Organiz		and assigned
This amendment is submitted to amend the following:		
N. If amending name, enter the new name of the limited Konishayaki Arm	wood, LLC	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L	/ 5 15
Enter new principal offices address, if applicable:		023 A
Principal office address MUST BE A STREET ADDRE	ess)	PR PR
		550 ω
Enter new mailing address, if applicable:		E ST
Mailing address MAY BE A POST OFFICE BOX)		1 1 0
Mulling address MAT BE A FOST OF FICE BOAY		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>ent</u>	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add.	ress
	City .	Florida 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

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
		· · · · · · · · · · · · · · · · · · ·	□Change
			
			□Remove
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			□Remove
			☐ Change

	
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li an effec <u>Note:</u> If	e date, if other than the date of filing:
e record : rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	april 3 2023
	Signature of a member or authorized representative of a member