

3/7/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COPOMON ENTERPRISES, LLC

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|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

RECEIVED
2017 MAR -7 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR -7 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAR - 8 2017

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COPOMONENTERPRISES,LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 29, 2007 and assigned
Florida document number L07000068733

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KCILLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3566NWClubsideCircle

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, Florida 33496

Enter new mailing address, if applicable:

3566NWClubsideCircle

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, Florida 33496

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 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> | <u>Type of Action</u> |
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THE ARMY
WASHINGTON, D.C.

FILED
2007 MAR -7 AM 9:09
CLERK OF DISTRICT COURT
JULIA A. HARRIS
ALLAH

Dated March 3, 2017 //

Melvyn Howard
Signature of a member or authorized representative of a member

Melvyn Howard
Typed or printed name of signer