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SECRETARY OF STATE TALLAHASSEE, FLORIDA

** ***

DEC 1 2 2014

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Konicel Law LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Enry Koricek Name of Person	
Koricell Law LLC	
1309 E. Robinson St.	
Orlerow, PL 32801 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Emily Koni'cek at (407) 928 1925 Name of Person Area Code Daytime Telephone Number	
(Englosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)\$\$ \$60.00 Filing Fee, \$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ \$\times \text{Solutional Sopy is enclosed}\$\$ \$\text{Solutional Sopy is enclosed}\$\$ \$\text{Solutional Sopy is enclosed}\$\$ \$\text{Solutional Sopy is enclosed}\$\$ \$\text{Solutional Solutional Sopy is enclosed}\$\$ \$Solutional Solutional Solu	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Komicek Law	LLC	
(Name of the Limited Liability	ty Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability C	Tompany were filed on 65/13/6	oß and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit Lonice Law F		
The new name must be distinguishable and end with the words "Lir	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TAIS 14
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		TARY OF S
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Remove
			□ Add
			SECRETARY OF STATE Remove
			ASSEE-FLORE
			→ Kemove
			Add
			□ Remove
			Add
			□ Remove

	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
The	, purpose of this anerement is to	
cha	purpose of this amerement is to	is
a (ud office.	
The effective date r	if other than the date of filing: (optional) must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after	
****	nent is filed by the Florida Department of State)	
Dated De	, 2017	
۶	= mili Honicek	
	Signature of a member or authorized representative of a member	_
	Spaily Konizek.	
	Typed or printed name of signee	_

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Filing Fee: \$25.00

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