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(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:	
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Office Use Only



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SECRETARY OF STATE AND LANASSEE, FLORIDA

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T. CLINE

AUG 18 2009

EXAMINER

COVER LETTER

Registration Section

Division of Co	orporations				
SUBJECT:	il.	KOM LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	condence concerning this matte	r to the following:			
	LAW	RENCE H. FEDER, E	SQ.		
		Name of Person			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	3900 HOI	LYWOOD BLVD., SU	JITE 103		
	Н	OLLYWOOD FL 3302	1		
~		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	2009 SEE	
	E-mail address: (HFLAW@AOL.COM to be used for future annual repo	ort notification)	2009 AUG 17 SEGRETARY ALLAHASSI	4-1 TO
For further information	concerning this matter, please of	call:			
JUAN	IITA ALBORNOZ	at (_954_)	9625571	AM II: 07	100 PM
Name	of Person	Area Code &	Daytime Telephone Number	07	
Enclosed is a check for	the following amount:		•		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certified	ite of Status &	sed)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	Registration Division of Clifton Buil	Corporations Iding tive Center Circle		

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

IKOM				
(Name of the Limited Liability Compa (A Florida Limited L	ay as it now appears	on our records.)		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	monny company)			
The Articles of Organization for this Limited Liability Company	were filed on	06/17/2009	and assigned	
Florida document numberL0900058861	·			
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 end with the words "Limi"L.L.C."	led Liability Company	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:			E TI	
(Principal office address MUST BE A STREET ADDRESS)				
		750	=	
		- Fee	= 1,2	
Enter new mailing address, if applicable:	/		0	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of	fice address on on	r records enter th	ie name of the new	
registered agent and/or the new registered office address here	2:	in records, enter th	io mane or the new	
•			4	
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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the Amited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGRM	IGOR KOMAROVSKIY	3900 HOLLYWOOD BLVD. SUITE HOLLYWOOD, FL 33021	103 📝 Add Remove
<u>MGRM</u>	IGOR KAMARO	3900 HOLLYWOOD BLVD. SUITE HOLLYWOOD, FL 33021	103 Add Remove
			Add Remove
			Add Remove
			Add Remove Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necesse	— lead
	A 100 () - 10 ()	200	
Dated	Signature of America	perfor authorized representative of a member	
	Laurence	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00