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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Comodore Management 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:
Kimberly Minot Name of Person
Comodore Management LLC Firm/Company
_550 5. Cocoa Blvd Ste A
Cocoa, Fl. 32922 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kim Minot at 321 636-00 55 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} &

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

(Name of the Limited Liability Compa (A Florida Limited I	by as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LNOOO61219</u> .	were filed on 5-24-2011 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company horo
The new name must be distinguishable and end with the words "Limited name must be distinguishable and end with the words "Limited name must be distinguishable and end with the words "Limited name must be distinguishable and end with the words "Limited name of the name o	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	550 S. Cocoa Blvd Ste A Cocoa, Fl. 32922
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	550 S. Cocoa Blud Ste A Cocoa, Fl. 32922
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	AUG 7 AHASSE
New Registered Office Address:	Enter Florida streen gddr
	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 limited liability company has been notified in writing of this change.

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

<u>Title</u>	Name	Address	Type of Action
MGR	Michael E. Adams	550 S. Cocoo Blud Cocoo, Fl 30922	Add Remove
			Add Remove
			Add Remove
·			Add Remove
<u>_</u>			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			
	T.J. 1+h 20	10	_
Dated	Kinghash Wing	or duthorized representative of a member	.

Page 2 of 2

Filing Fee: \$25.00