

L11 000 112882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

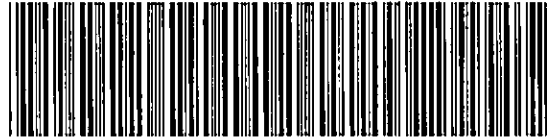
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KONI INVESTMENTS, 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:

RIGO MONTIEL
Name of Person

KONI INVESTMENTS LLC
Firm/Company

2375 NW 70 AVE. SUITE B-02
Address

MIAMI FL 33122
City/State and Zip Code

RIGOMONTIEL2HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIO FRANULIC at (305) 965-6604
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &
Certificate of Status
Certified Copy
(additional copy is enclosed) |
|--|--|--|---|

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**

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

The Articles of Organization for this Limited Liability Company were filed on _____

Florida document number L11000112882

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2375 NW 70 AVE, SUITE B-02

MIAMI FL 33122

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2375 NW 70 AVE. SUITE B-02

MIAMI FL 33122

**B. If amending the registered agent and/or registered office address on our records, enter the nam
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

MGR = Manager
AMBR = Authorized Member

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.

Dated NOVEMBER 21ST, 2017

PATRICIO FRANULIC

Filing Fee: \$25.00