# 11000112882

(Requestor's Name)
(Address)
(Áddress)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



11/18/18--01015--024 ++20.1





-	•	•	•	,

### **COVER LETTER**

#### TO: Registration Section Division of Corporations

KONI INVESTMENTS LLC

SUBJECT:

.

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:

JULIO C MOLINA

Name of Person

J C MOLINA & ASSOC

Firm/Company

8260 W FLAGLER STREET STE 2-C

Address

MIAMI, FL. 33144

City/State and Zip Code

JULIOMG@BELLSOUTH.NET

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

For further information concerning this matter, please call:

JULIO C MOLINA	305	559 9070
	at ()	)
Name of Person	Area Code	Daytime Telephone Number

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 enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

L1 AGH 01

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

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

Name of New Registered Agent:			;	- (
New Registered Office Address:				
	Enter Flor	ida street address	 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	. ، <del>از از ا</del>
		Florida		0): سا <u>بد ا</u>
	City		Zip Code	- in
New Registered Agent's Signature, if changing Registered Agent:			2:22	

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 on removed from our records:

## MGR = Manager

AMBR = Authorized Mer	mber
-----------------------	------

Title	Name	Address	Type of Action
COMPTROLLER	RIGO MONTIEL	2375 NW 70TH AVE	🛛 Add
		MIAMI, FL. 33122	📄 Remove
			Change
			D Add
			Remove
			Change
			Add
			Remove
			Change
			🛛 Add
			Remove
			Change
		<u></u>	🗆 Add
			Remove
			Change
	·		Adđ
			Remove
			Change

· · · · · · · · ·

ı,

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER	08 201	18		
•	<i>~</i> /			
		r or authorized repr	resentative of a membe	1
PATRIC	TO FRANULIC			
	Турес	d or printed name of	f signee	