L1200000 3951

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
_	_	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Consist Instructions to	Eller Officer	
Special Instructions to I	Filing Officer:	

Office Use Only



600372022686

COVER LETTER .

TO: Registration Se Division of Cor			
Komodi I.I.	.C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Zołtan Komodi		
		Name of Person	
	Komodi LLC		
		Firm/Company	
	PO Box 9711		
		Address	
	34101		
		City/State and Zip Code	
	komodillc@gmail.com		· · · · · · · · · · · · · · · · · · ·
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	otification)
Zoltan Komodi		239 297-6500	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
₩ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	action
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Komodi LLC				
(<u>Name of the Limited</u> (/	Liability Compa Florida Limited I	ny as it now ap jability Compar	pears on our records.)	
The Articles of Organization for this Limited Lia Florida document number	bility Company		11	2 and assigned
his amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company	<u>/ here</u> :	
he new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company." t	he designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	hle:	2549 48th A	venue NE	
(Principal office address MUST BE A STREET ADDRESS)		Naples, FL 34120		
Principal office address MOST BE A STREET	ADDRESSI			
		PO Box 971	1	
Enter new mailing address, if applicable:		Naples, FL 34101		
Mailing address MAY BE A POST OFFICE B	<u>0x)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office a	address on ou	ır records, <u>enter the n</u> a	7.1
				N 12
Name of New Registered Agent:		 		
New Registered Office Address:	2549	48th	Avenue N	<u>E , </u>
	۱۸ ،	r.nter	r ionida sireel dadress	マルハウェモ
	<u>Napl</u>	<u>es</u>	, Florida	<u> </u>
	7	Citv		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			[]Remove
			□Add
		 	□Remove
			☐ Change
	****		□Add
			□Remove
			☐Change
			□Add
		 	□Remove
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		□ Remove	
			Change

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