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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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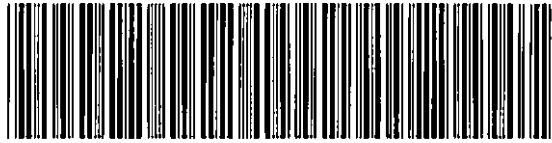
(Business Entity Name)

(Document Number)

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*Albritton*

MAR 05 2020  
I ALBRITTON

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Finch and KOI, 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:

Mario Diaz  
Name of Person

Firm/Company

14650 SW 236<sup>th</sup> Street  
Address

Homestead, Florida 33032  
City/State and Zip Code

mario@dacair.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mario Diaz at (305) 318-3471  
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)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Finch and KOI LLC.

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

FILED  
2020 FEB 11 PM 4:33  
STATE OF FLORIDA  
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 08/21/2014 and assigned Florida document number L14000131340

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14650 SW 236<sup>th</sup> Street  
Homestead, Florida 33032

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14650 SW 236<sup>th</sup> Street  
Homestead, Florida 33032

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

Name of New Registered Agent:

Peter R. Abesoda Esq.

New Registered Office Address:

3676 SW 2<sup>nd</sup> Street

Enter Florida street address

Miami, Florida 33135  
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 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.*

Peter R. Abesoda

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 or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Morbila Balbuena	1001 Brickell Bay Dr. A101800	<input type="checkbox"/> Add
		Miami, Florida 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mario Diaz	14650 SW 236 Street	<input checked="" type="checkbox"/> Add
MGR		Homestead, Fl 33032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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