L15000055271

08/21/2015 FRI 16:1 FAX 001/005

8/21/2015 Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PROMINENT SERVICES INC
Account Number : I20150000063
Phone : (305)889-2880
Fax Number : (305)889-2881

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Underwriters@PSIcompanies.com

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KOMIA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

K. SALY
EXAMINER
AUG 25 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KOMIA 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:

ESTEBAN L KOULAKSIZIAN
Name of Person

~~KOMIA LLC~~ Komia LLC.
Firm/Company

10598 NW SOUTH RIVER DRIVE 2ND FLOOR SUITE 201
Address

MEDLEY, FL 33178
City/State and Zip Code

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

For further information concerning this matter, please call:

CYNTHIA VELASQUEZ at (305) 889-2880
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H15000202873

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2015 AUG 24 AM 9:15
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION OF

KOMIA 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 08/11/2015 and assigned Florida document number L15000055271.

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)

10598 NW SOUTH RIVER DRIVE
2ND FLOOR SUITE 201
MEDLEY, FL 33178

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10598 NW SOUTH RIVER DRIVE
2ND FLOOR SUITE 201
MEDLEY, FL 33178

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: ESTEBAN I. KOULAKSIZIAN

New Registered Office Address: 10598 NW SOUTH RIVER DRIVE 2ND FLOOR SUITE 201
Enter Florida street address

MEDLEY, Florida 33178
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

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	ESTEBAN L KOULAKSIZIAN	10598 NW SOUTH RIVER DR	☐ Add
		2ND FLOOR SUITE 201	☐ Remove
		MEDLEY, FL 33178	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AUGUST 11 2015

X _____
Signature of a member or authorized representative of a member

ESTEBAN L. KOULAKSIZIAN
Typed or printed name of signee

Filing Fee: $25.00

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