

L15000073978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

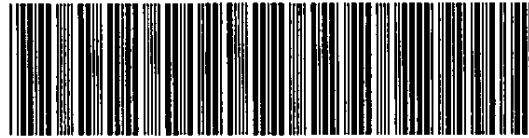
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMNET CONSTRUCTION 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:

JOSEPH S. DAVIDOW

Name of Person

COMNET CONSTRUCTION LLC

Firm/Company

20283 STATE RD. 7 SUITE 200

Address

BOCA RATON, FL 33498

City/State and Zip Code

comcon41@gmail.com

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

For further information concerning this matter, please call:

JOE DAVIDOW

754

234-0508

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)

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**

COMNET CONSTRUCTION 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 4/27/2015 and assigned
Florida document number L15000073978.

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:

20283 STATE RD. 7 SUITE 200

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON, FL 33498

Enter new mailing address, if applicable:

20283 STATE RD. 7 SUITE 200

(Mailing address MAY BE A POST OFFICE BOX)

BOCA RATON, FL 33498

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:

New Registered Office Address:

8192 PARINI WAY

Enter Florida street address

LAKE WORTH

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

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	HARRY S. ZUKER	20283 STATE RD. 7 SUITE 200	☐ Add
		BOCA RATON, FL 33498	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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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.

Dated 8/23, 2017

Henry Jones

Signature of a member or authorized representative of a member

HARRY S. ZUKER

Typed or printed name of signee