16000013602

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COVER LETTER

Div	ision of Corpa	rations			
SUBJECT:	KOVA COM	MERCIAL OF NAPLES, LL	C		
SUBJECT		Name of Limit	ed Liability Company		
The enclosed	l Anicles of Ar	nendment and fee(s) are subm	nitted for filing.		
Please return	all correspond	ence concerning this matter to	o the following:		
		Matthew P. Flores			
			Name of Person		
		Zampogna Flores, PLLC			
			Firm'Company	_	
		1333 3rd Ave S, Suite 505			
		· 	Address	<u> </u>	
		Naples, Florida 34102			
			City/State and Zip Code		
		matt@naplesbaylaw.com			
		E-mail address: (to	be used for future annual re	eport notification)	
For further in	nformation con	cerning this matter, please cal	II:		
Matthew P.	Flores		at () 261-	-0592	
	Name of F	erson	Area Code	Daytime Telephone	e Number
Enclosed is a	a check for the	following amount:			
\$25.00 I	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encle	osed)	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

Registration Section

TO:

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

KOVA COMMERCIAL OF NAPLES, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	nny ns It now прредуз on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on January 20, 2016	and assigned
Florida document number L16000013602		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		19.K
		五 一
Enter new mailing address, if applicable:	<u></u>	SSC D M
(Mailing address MAY BE A POST OFFICE BOX)		me on C
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u> <u>e</u> :	•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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>	Name	Address	Type of Action
MGR	Steven H. Purcell	317 N. Collier Boulevard	= Add
		Marco Island, Florida 34145	☐ Remove
			Change
			D Add
			□ Remove
			Change
			D Add
			🗀 Remove
			Change
			Add
			Remove
			☐ Change
			
			☐ Remove
			Change
			
			Remove
			Change

. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ef Note:	ive date, if other than the date of filing:
the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 25 2019
	Signature of a member of authorized representative of a member
	Anthony L thma, U. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00