

L16000054919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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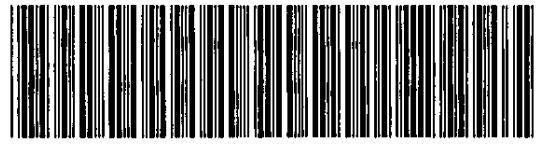
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T WASHINGTON

DEC 06 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SZYMAR WOJCIECH KOWALCZYK 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:

WOJCIECH KOWALCZYK  
Name of Person  
SZYMAR WOJCIECH KOWALCZYK LLC  
Firm/Company  
1800 N POWERLINE RD BAY 1&2  
Address  
POMPANO BEACH, FLORIDA 33069  
City/State and Zip Code  
SZYMEK10RAD@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAWEL JASKOLSKI at ( 646 ) 3026957  
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**

SZYMAR WOJCIECH KOWALCZYK 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 03/17/2016

Florida document number L16000054919

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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:**

1800 N POWERLINE RD BAY 1&2

**(Principal office address MUST BE A STREET ADDRESS)**

POMPANO BEACH

FLORIDA 33069

**Enter new mailing address, if applicable:**

1800 N POWERLINE RD BAY 1&2

**(Mailing address MAY BE A POST OFFICE BOX)**

POMPANO BEACH

FLORIDA 33069

**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:

1800 N POWERLINE RD BAY 1&2

Enter Florida street address

POMPANO BEACH

City

, Florida 33069

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	Wojciech R Kowalczyk	1800 N Powerline Rd Bay 1&2	<input type="checkbox"/> Add
		Pompano Beach	<input type="checkbox"/> Remove
		Florida 33069	<input checked="" type="checkbox"/> Change
MGR	Szymon W Kowalczyk	1800 N Powerline Rd Bay 1&2	<input type="checkbox"/> Add
		Pompano Beach	<input type="checkbox"/> Remove
		Florida 33069	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Please correct the records. There is some mistake that Wojciech R Kowalczyk is listed

4 times as a MGR but he should be listed only once as it is only one person.

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STATE DEPARTMENT OF STATE

**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 11/23/2016, Pompano Beach

Wojciech Kowalczyk  
Signature of a member or authorized representative of a member

WOJCIECH KOWALCZYK  
Typed or printed name of signee