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(Re	questor's Name)	
(Ad	dress)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration So Division of Co				
SUBJECT: Kom	orowski Enter	Prises DBA	HANdyprof	SALASOT &
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Korey	Ofrior ows	-ki	
	Komoiow	ski Enter p	ک , ۱۲	٠
	312 E.	Firm/Company VUNTER AV	4 Mu 4	
	VENIC	Address EFL 34	243	
	Kell.	City/State and Zip Code City/State and Zip Code A A A A A to be used for future annual	Dro.Cch	
For further information of	oncerning this matter, please ca			
Korey	Komojowski of Person	at (941)	416-0710	
Name C	of Person	Area Code	Daytime Telephone Number	
Enclosed is metical for t	he following amount:			
125.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is en-	Certificate Certified C	of Status &
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	Registrat Division Clifton H 2661 Exe	T/COURIER ADDRESS: ion Section of Corporations milding scutive Center Circle see, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

, OI	
Komolowski En	iterprisis LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	
Florida document number 1000105010.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	sy 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)	
	78 181
	JAN
Enter new mailing address, if applicable:	TAR OF TARR
(Mailing address MAY BE A POST OFFICE BOX)	TO CORO
	3 Pos
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	114 Komorowski 133 Lagerta Circle
New Registered Office Address:	133 Lamerta Circle
Va	Enter Florida street address 2 N 1 C , Florida 3 4 2 9 3 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability
If Channe	ging Registered Agent, Signature of New Registered Agent
	The second secon

MGR = :	Manager Authorized Member		
<u>l'itle</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			Remove
			□ Change
			□ Add DIVISION
			SION OF CORPO
			Change CORPORATIONS Add: 55 Remove
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				JAN 29
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				x
				S
ctive date, if other than the da	te of filing:		(optional)	
effective date is listed, the date must be 2. If the date inserted in this block	does not meet the applica			
ment's effective date on the Depa	rtment of State's records.			
ecord specifies a delayed e		t an effective time,	at 12:01 a.m. on l	the earlier
e 90th day after the record				
a 1/24/08	2018	3		
, , , ,	Lully Ka	- Janoual		
Si	gnature of a member or author Ko	orized representative of a n	ember	
4	Kelly Ko	morowski		
<u> </u>	10/19			

Page 3 of 3

Filing Fee: \$25.00