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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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Amend

JAN () () 2020 I ALBRITTON

## **COVER LETTER**

| TO:            | Registration Se<br>Division of Cor |  |  |   |  |
|----------------|------------------------------------|--|--|---|--|
| eun ie.        |                                    | MMERCIAL OF FORT MYE   | RS, LLC  |   |  |
| SUBJE          | CI:                                | Name of Lim  | ited Liability Company   | <del> </del>  |  |
| The enc        | losed Articles of                  | Amendment and fee(s) are sub   | mitted for filing.   |   |  |
| Please r       | eturn all correspo                 | ondence concerning this matter   | to the following:  |   |  |
|                |                                    | DONNA ZALDIVAR   |  |   |  |
|                |                                    |  | Name of Person   |   |  |
|                |                                    | KOVA COMMERCIAL C  | F FORT MYERS, LLC  |   |  |
|                | Firm/Company                       |  |  |   |  |
|                |                                    | P.O. BOX 110876  |  | ~~.   |  |
|                |                                    | P.O. BOX 110876  Address  NAPLES, FL 34108  City/State and Zip Code    |  |   |  |
|                |                                    | NAPLES, FL 34108   |  |   |  |
|                |                                    |  | City/State and Zip Code  |   |  |
|                |                                    | E-mail address: (  | to be used for future annual rep                               | ort notification)   |  |
| For furt       | <u>her information o</u>           | oncerning this matter, please ca                                       | all:   |   |  |
| DONNA ZALDIVAR |                                    | 239 261-2627<br>at ( )   |  |   |  |
|                | Name o                             | f Person   | Area Code  | Daytime Telephone Number  |  |
| Enclose        | d is a check for th                | he following amount:   |  |   |  |
| <b>■</b> \$25  | .00 Filing Fee                     | □ \$30.00 Filing Fee & Certificate of Status                           | S55.00 Filing Fee & Certified Copy (additional copy is enclose | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |
|                | Registi<br>Divisio<br>P.O. B       | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | Registration<br>Division of<br>Clifton Buil                    | Corporations  |  |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

## KOVA COMMERCIAL OF FORT MYERS, LLC

|   | AMENDMENT  |
|---|--|
| T   | 0  |
|   | RGANIZATION ES /   |
| . 0   |  |
|   |  |
| KOVA COMMERCIAL OF FORT MYERS, LLC  |  |
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | AMENDMENT O PRGANIZATION  The state of the s |
| The Adiabase Commission Condition in the United States Conserved  | ~ · · · · ·  |
| The Articles of Organization for this Limited Liability Company   | were filed on September 22, 2016 and assigned  |
| Florida document number L16000176935  |  |
| This amendment is submitted to amend the following:   |  |
| A 76 17 A A A A A A A A A A A A A A A A A A   | n.   |
| A. If amending name, enter the new name of the limited liab   | ility company here:  |
|   |  |
| The new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:   | 24031 S. Tamiami Trail, Suite 200  |
| (Principal office address MUST BE A STREET ADDRESS)   | Bonita Springs, Florida 34135  |
|   |  |
|   |  |
| Enter new mailing address, if applicable:   |  |
|   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
|   |  |
| B. If amending the registered agent and/or registered of  | fice address on our records enter the name of the name   |
| registered agent and/or the new registered office address here  | :  |
|   |  |
| Name of New Registered Agent:   |  |
|   |  |
| New Registered Office Address:  | Enter Florida street address   |
|   | Lines 1 fortad street dataress   |
| <del></del>   | , Florida  |
| New Project and Associate Change of the Control of | City Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:   | • •  |
| I hereby accept the appointment as registered agent and agre  | te to act in this capacity. I further agree to comply with the   |
| provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p   | performance of my dulies, and I am familiar with and rovided 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 Chan   | ging 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>       | Type of Action |
|--------------|----------------------|----------------------|----------------|
| MGR          | STEPHEN A CUNNINGHAM | 3033 WINKLER AVENUE  | □ Add          |
| <del></del>  |                      | SUITE 190            |                |
|              |                      | FORT MYERS, FL 33916 | ■ Remove       |
| MGR          | KIMBERLY A. GAGLIA   | 9130 GALLERIA COURT  | □ Change       |
|              |                      | SUITE 100            | ■ Add          |
|              |                      | NAPLES, FL 34109     | □ Remove       |
|              |                      |                      | ☐ Change       |
|              |                      |                      |                |
|              |                      |                      | □ Remove       |
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| te: If the date | if other than the is listed, the date must inserted in this blottive date on the De | ock does not meet<br>partment of State | the applicable's records. | e statutory filing r                  | equirements, this                     | date will not be | listed a    |
| he 90th da      | cifies a delayed<br>y after the reco  | ord is filed.                          | e, dut not a              | in effective tim                      | e, at 12:01 a                         | .m. on the e     | ariier (    |
| ed NOV          | 18th.   |  | 2019                      |                                       |                                       |                  |             |
|                 | — (   | Signature of a diefe                   | ber or authoriz           | ed representative of                  | a member                              | <u> </u>         | _           |
|                 | An  |  | Emr                       |                                       |                                       |                  |             |
|                 |   |  |                           | ame of signee                         |                                       |                  | _           |

Filing Fee: \$25.00