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## **COVER LETTER**

TO:	gistration Section vision of Corporations	
SUBJE	MIKON LLC  Name of Limited Liability Company	
The encl	d Articles of Amendment and fec(s) are submitted for filing.	
Please re	all correspondence concerning this matter to the following:	
	MICHAL HLADKY	
	MICHAL HLADKY  Name of Person	
	MIKON LLC Firm/Company	
	Firm/Company	
	627 ANDERSON CIR APT 212	
	DEER FIELD BEACH, FLORIDA 33441  City/State and Zip Code	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For furth	nformation concerning this matter, please call:	
,	CHAL HLADRY at (954) 554-4164  Name of Person Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	a check for the following amount:	
<b>⊈</b> \$25.	Filing Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)	tus &

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

(Name of the Limited Liability (A Florida	.Lc					
(Name of the Limited Liabilit (A Florida	y Company as it now apportunity Company	ears on our records.)				
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on	11/29/2016	and assigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limi	ted liability company	here:				
The new name must be distinguishable and contain the words "Limi	ited Liability Company," th	e designation "LLC" or the a	bbreviation "L.L.C."			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDR	<u> </u>		3,			
	<del></del>		The results			
			The second second			
Enter new mailing address, if applicable:	<del> </del>		<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)			Perform			
			- <u> </u>			
			J.			
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		on our records, <u>ente</u> s	the name of the nev			
Name of New Registered Agent:						
Name of New Registered Agent.						
New Registered Office Address:	Futor I	lorida street address				
	Line: 1					
<del></del>	City	, Florida _	Florida Zip Code			
New Registered Agent's Signature, if changing Registered	d Agent:					
I hereby accept the appointment as registered agent of		is canacity. I further a	oree to comply with the			
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	omplete performance	of my duties, and I am	familiar with and			

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGR	RADIM KOLEDKA	2708 NE 14 st Causeway	#/B-Add
		POHPANO BEACH FL	☐ Remove
		33062	Change
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