117000065718

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	= #)
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PILLED 2022 FEB -9 AM 9: 43 SECRETARY OF STATE

A. BUTLER FEB 2 1 2022

COVER LETTER

TO: Registration Sec Division of Corp			<u>.</u>
	DINGS, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
TV	Amendment and fee(s) are subn	nitted for filing.	
	ndence concerning this matter to		
	ERIC LEACH		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	COM HOLDINGS, LLC		
		Firm/Company	
	3491 WHITNER WAY		
		Address	
	SANFORD FL 32773		
		City/State and Zip Code	
	ERICJLEACH@GMAIL.C	OM	
	E-mail address: (1	to be used for future annual report not	fication)
For further information	concerning this matter, please ca	all:	
ERIC LEACH		386 747-3200 at ()	_
Name	of Person	Area Code Daytin	ne 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 tadditional copy is enclosed
		Street Add <u>ress:</u>	
<u>Mailing Addr</u> Registration		Registration S	ection
	Corporations	Division of Co	orporations
P.O. Box 63		The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

COM HOLDINGS, LLC

2022 FEB -9 AM 9: 43

(Name of the Lim	(A Florida Limited Liability (Company)	SEURETARY OF STATE
The Articles of Organization for this Limited l	Liability Company were fi	led on 03/22/20	TALLADAGO Pi
Florida document number L17000065728	·	-	<u> </u>
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability cor	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	 pany," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or		on our record	s, enter the name of the new registo
agent and/or the new registered office addr	ess nere:		
N SN D I A			
Name of New Registered Agent:	- -		
New Registered Office Address:	3491 WHITNER WAY		
		Enter Florida str	eet address
	SANFORD		Florida 32773 Zip Code
	City	•	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register	·	ct in this capac	city. I further agree to comply w
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the pro-	red agent and agree to ac	•	

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 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	ERIC LEACH		□Add
			□Remove
		3491 WHITNER WAY SANFORD FL 32773	🗏 Change
			□Add
			[]Remove
			🗆 Change
			□Add
			□Remove
		□Chan	□Change
			□Add
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			□Remove
			□Change.

			
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ffective date, if other than the da	te of filing:		(optional)
an effective date is listed, the date must be note: If the date inserted in this block	specific and cannot be prior does not meet the applic	to date of filing or more than able statutory filing requi	90 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as
locument's effective date on the Depa	rtment of State's records		
record specifies a delayed effective d	ate, but not an effective to	me, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
d is filed.			
FERRUARY 4TH	2022		
Dated FEBRUARY 4TH	,	<u> </u>	
	1		
		orized representative of a me	

Typed or printed name of signee