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CORPORATIONS

K. SALY FEB 5 2018

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: KOKOMOS FLAGLER 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: |
| THEODORE BARNHILL Name of Person |
| Firm/Company |
| POBOX 390 |
| FLAGLER BEACH, FL 32136 |
| FLAGLER BEACH, FL 32136 City/State and Zip Code TED_BARNHILL RHOTMAIL, COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| THEODORE BARNHILL at 571 338-9481 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: \$25.00 Filing Fee \(\text{Certificate of Status} \) \$25.00 Filing Fee \(\text{Certified Copy} \) (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status \(\text{Certified Copy} \) (additional copy is enclosed) |
| MAILING ADDRESS: STREET/COURIER ADDRESS: |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



KOKOMOS FLAGLER 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 $\frac{01/23/2018}{\text{Elorida document number}}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: KOKUMOS CAFE FLAGLER LL'C

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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address _____, Florida ______ Zip Code City 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

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.

N A

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 |

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| <u>Title</u> | <u>Name</u> | Address PA 1: 33 | Type of Action |
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| Effective date, if other than the date of (If an effective date is listed, the date must be speci- Note: If the date inserted in this block does document's effective date on the Department | and cannot be prior to date of filing or most meet the applicable statutory filing | | |
| the record specifies a delayed effect) The 90th day after the record is f | | ime, at 12:01 a.m. on | the earlier of: |
| Dated 01/29/ | 2018 | | |
| Theodore M. Signature | 3 multill A. Ta member or authorized representative | of a member | |
| | M RARNHILL Typed or printed name of signee | | |

Page 3 of 3

Filing Fee: \$25.00