

L18000028304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

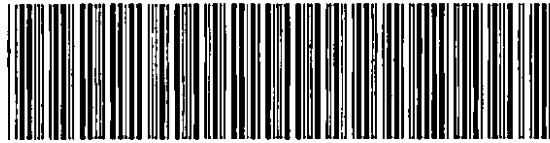
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Komi Logistics, 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:

Lisa McLinskey

Name of Person

Komi Logistics, LLC

Firm/Company

20926 Lake Talia Blvd

Address

Land O Lakes, FL 34638

City/State and Zip Code

Lmk0513@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa McLinskey

813

629-9954

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Komi Logistics, 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 1/31/2018 and assigned
Florida document number L18000028304

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

City

Florida

Zip Code

Now 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 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FERRIS MORGAN	20926 LAKE TALIA BLVD	<input checked="" type="checkbox"/> Add
		LAND O LAKES, FL 34638	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.

Dated October 16, 2020

Lisa McLinskey
Signature of a member or authorized representative of a member

Lisa McLinskey

Typed or printed name of signee

Agency Code 12-0126-00

Policy Number 52-976080-00

**FLORIDA AUTOMOBILE INSURANCE
IDENTIFICATION CARD**

Auto-Owners Insurance Company Lansing, MI
Company Code: 09703
Policy Number 52-976080-00 Effective Date 08-18-2020
Personal Injury Protection Benefits Yes Bodily Injury Liability Yes
Property Damage Liability Yes
Named Insured KOMI LOGISTICS LLC

Year/Make 2016 FORD F250 SUPER DUTY
VIN 1FT7X2B67GEC44183
Agency ASSOCIATES AGENCY INC
Phone (813) 988-1234 Agency Code 12-0126-00

**NOT VALID FOR MORE THAN ONE YEAR
FROM EFFECTIVE DATE**

THE INSURANCE COVERAGES AVAILABLE UNDER THIS POLICY MAY
APPLY TO VEHICLES YOU RENT. SEE OUTLINE OF COVERAGE AND
CONTACT YOUR AGENCY.

**MISREPRESENTATION OF INSURANCE IS A
FIRST DEGREE MISDEMEANOR**

THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR
INSURANCE POLICY AND MAY NOT BE USED TO MODIFY THE
TERMS OR CONDITIONS OF THE POLICY. EXAMINE YOUR POLICY
CAREFULLY.

KEEP THIS CARD IN YOUR POSSESSION AT ALL TIMES.

The Florida Bureau of Financial Responsibility requires that all licensed
drivers carry an insurance identification card at all times. If you require
more cards for other licensed drivers covered under this policy, SEE
YOUR AGENT.

89414 (2-12)

IN CASE OF ACCIDENT

1. Obtain name and address of other driver, insurance information, license number of other car, details of accident and names and addresses of witnesses.
2. Do not discuss details of the accident with anyone but the investigating officer. Make no admissions or offer payments.
3. Contact your agent, as soon as possible, to report the accident. The phone number of your agent is on the front side of this form.
4. If you are unable to reach your agent after normal business hours, we provide monitored phone service from 5:00 PM - 8:00 AM Eastern Time - Monday through Friday, and 24 hours on weekends and holidays. This service is available by calling 1-888-252-4626 from anywhere within the United States for the reporting of claims emergencies only.

**CANADA NON-RESIDENT INTER-PROVINCE
MOTOR VEHICLE LIABILITY INSURANCE CARD
CERTIFICAT D'ASSURANCE - AUTOMOBILE RESPONSABILITE**

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein, in an amount not less than the statutory minimum requirements of every province of Canada.

WARNING- Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and his license may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

89271 (2-12)

**FLORIDA AUTOMOBILE INSURANCE
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Company Code: 09703
Policy Number 52-976080-00 Effective Date 08-18-2020
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Named Insured KOMI LOGISTICS LLC

Year/Make 2016 FORD F250 SUPER DUTY
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