## 118000095365

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor		, <b>.</b>	
SUBJECT: KOMÉ	is would Dis	trubutors L.C.	
5000ECT. <u></u>		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DANY/ Ro	meus	
		Name of Person	
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		Firm/Company	
		t in a Company	28 F
	3/2 S. Can	GRES AVE. STE	7 <del>-7</del> 7
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	VAIM Spines H	E1. 33461	PH 3: 07 OF STATE SSEE, FL
	111111 3111132	City/State and Zip Code	
	DARY/ Kamens () E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
DANNEL MON	réis	at (S6/) 859-3	050
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
☑-\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	a <b>.</b> :
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	-
Tallahassee, FL 32314			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Komeis World als (Name of the Limited Liab (A Flor	bility Company as it now appears on its Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number 4800009536		16 - 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20 <b>22</b>
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		28 PH 3: 07
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida si	reet address
		, Florida
	City	Zip Code

## 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 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>	Address	Type of Action
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