

U8000170073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

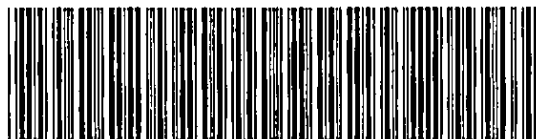
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUL 20 AM 10:49

N COOPER

JUL 31 2018

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Floridian Commercial Services 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:

Francia Korsak  
Name of Person

\_\_\_\_\_  
Firm/Company

616 SW 47th Terrace, Apt-4  
Address

Cape Coral FL 33914  
City/State and Zip Code

frkorsak25@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francia Korsak at (239) 600-9021  
Name of Person Area Code Daytime 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 (additional copy is enclosed)

**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**

Floridian Commercial Service, 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 JULY, 16, 2018 and assigned Florida document number L18000170073

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

\_\_\_\_\_, 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**

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18 JUL 20 AM 10:49

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>
MGR	Joseph G. Korsak	616 SW 47 <sup>th</sup> Ter, Apt 4	<input type="checkbox"/> Add
		Cape Coral FL 33914	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

10 JUL 20 AM 10:49

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E. 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.

If the 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 record is filed.

Dated JULY 16, 2018

Handwritten signature of Francis Korsak

Signature of a member or authorized representative of a member

Francis Korsak

Typed or printed name of signer

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L18000170073  
FILED 8:00 AM  
July 16, 2018  
Sec. Of State  
slsingleton

**Article I**

The name of the Limited Liability Company is:  
FLORIDIAN COMMERCIAL SERVICES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
616 SW 47TH TERRACE  
4  
CAPE CORAL, FL, US 33914

The mailing address of the Limited Liability Company is:  
616 SW 47TH TERRACE  
4  
CAPE CORAL, FL, US 33914

**Article III**

The name and Florida street address of the registered agent is:  
JOSEPH G KORSAK  
616 SW 47TH TERRACE  
4  
CAPE CORAL, FL. 33914

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JOSEPH KORSAK

# State of Florida

## Department of State

I certify from the records of this office that FLORIDIAN COMMERCIAL SERVICES, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on July 16, 2018.

The document number of this company is L18000170073.

I further certify that said company has paid all fees due this office through December 31, 2018, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 180716083726-500315884815#1

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Sixteenth day of July, 2018



*Ken Detzner*  
Ken Detzner  
Secretary of State

# State of Florida Department of State

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*Ken Detmer*  
Ken Detmer  
Secretary of State