LIEOCO 218 775

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		-

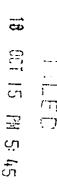
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	COMFOR	TATMS, LLC		
(M)IMIXXII		Name of Lim	ited Liability Company	
The enclosed	ł Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		JOSE D. CANAS		
		 	Name of Person	
			Firm/Company	
		331 SW 6TH AVE		
		BOYNTON BEACH / FLO	Address ORIDA 33435	
		JCANAS1@FAU.EDU	City/State and Zip Code	
		E-mail address: (to be used for future annual report	notification)
For further in	iformation c	oncerning this matter, please ca	all:	
JOSE D. CA	NAS		561 5426392 at ()	
	Name o	î Person	Area Code Day	ytime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)

 ${\bf MAILING~ADDRESS:}$

TO:

Registration Section

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMFORT ATMS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(.17 million	a chaomic Company)
The Articles of Organization for this Limited Liability Compan	ny were filed on and assigned and assigned
Florida document number $\frac{1.18000218775}{1.18000218775}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility 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)	
	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our records, <u>enter the name of the</u> ere:
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
Thereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, and I am familiar with and sprovided for in Chapter 605, F.S. Or, if this document is
H _C h	anging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_beior removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Ac</u>
AMBR	JOSE D. CANAS	331 SW 6TH AVE	G
		BOYNTON BEACH, FL 33435	B Add
			🗀 Remove
			Channa
	JOSE D. CANAS	331 SW 6TH AVE	Change
MGR			
		BOYNTON BEACH, FL 33435	-
			🗏 Remove
			☐ Change
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(If an el <u>Note:</u>	tive date, if other than the date of filing:) Pursuant to 605,02
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed.	on the earlier
Dated		
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00