## 48000 276069

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## **COVER LETTER**

10: Registration So Division of Cor			
KOMPOSI SUBJECT:	E SARASOTA, LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marc Gagliardi		
		Name of Person	
	Kapstones		
		Firm/Company	
	2080 Ringling Boulevard		
		Address	
	Sarasota FL 34237		
		City/State and Zip Code	
	marc@kapstones.com		<del></del>
For further information c	encerning this matter, please ca	o be used for future annual report not	itication)
Marc Gagliardi		941 5244090	
Name o	of Person	at ()	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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KOMPOSE SARASOTA, 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 11/30/2018	and assigned
Florida document number <u>L18000276069</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LL	C" 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 agent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	XX
	, FI	lorida
	Ciņ	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	Membe

<u>Title</u>	<u>Name</u>	Address	21 APR 26 - AH .9: 51.5	Type of Action
MGR	Gilles Arditi	965 University Par	rk	<b>≡</b> ∧dd
		Sarasota FL 34237	,	□Remove
		<del></del>	<del></del>	□Change
				□Add
				□Remove
		<del></del>		□Change
		*****		□Add
				□Remove
			-	□Change
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				□Remove
				□Change

	21 APR 26 AH 9-57
n effective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot	(optional) of be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (the applicable statutory filing requirements, this date will not be listed as a seconds.
ecord specifies a delayed effective date, but not an ef is filed.	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted April 19th 202	21
Signarare of a member	er or authorized representative of a member

Filing Fee: \$25.00