

L19 0000 69398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

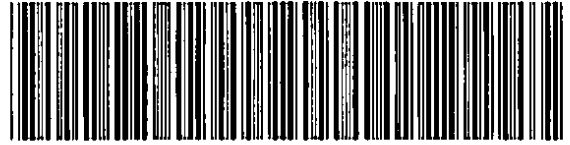
(Business Entity Name)

(Document Number)

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2020 MAR 12 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FL

MAR 27 2020  
C Kinsey

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KOMPUMUNDO HYPER MEGANET 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:

Dario Medina

Name of Person

Firm Company

1383 SUMMIT PINES BLVDA1315

Address

WEST PALM BEACH, FL 33415

City/State and Zip Code

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

For further information concerning this matter, please call:

Dario Medina

561

574-7470

at ( )

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 Address:**

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



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	KOMPUMUNDO HYPER MEGA	UL. WIEDENESKA 12 LOK. 11	<input type="checkbox"/> Add
		WROCLAW, POLAND, W 51-20-0 PO	<input checked="" type="checkbox"/> Remove
		1383 SUMMIT PINES BLVD A1315	<input checked="" type="checkbox"/> Change
MGR	MEDINA, DARIO	WEST PALM BEACH, FL 33415	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 March 06 2020

Diriž uteris

Signature of a member or authorized representative of a member

DARIO MEDINA

Typed or printed name of signee

**Filing Fee: \$25.00**