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COVER LETTER

KOMPUMU SUBJECT:	NDO HYPER MEGANET LI	.C	
SUBJECT.	Name of Limit	ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	DARIO MEDINA		
		Name of Person	
	KOMPUMUNDO HYPER	MEGANET LLC	
		Firm/Company	
	1383 SUMMIT PINES BL	VD A1315	
		Address	
	WEST PALM BEACH, FL	33415	
		City/State and Zip Code	
	E-mail address: (to	o be used for future annual report noti	fication)
For further information co	neerning this matter, please ca	II:	
Name of	Person	at () Area Code Daytime	e Telephone Number
		·	
Enclosed is a check for the	e 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:

TO:

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	, ,
This amendment is submitted to amend the following	Ţ.
A. If amending name, enter the new name of the l	limited liability company here:
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	ω
(Principal office address MUST BE A STREET AD	DDRESS)
	<u> </u>
	$\frac{\omega}{2}$
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registere</u> e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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 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>	Type of Action
мG R	VERONICA MEDINA	1383 SUMMIT PINES BLVDA1315	■Add
		WEST PALM BEACH, FL 33415	□ Remove
			□Change
			🗆 Add
			□Remove
		-	□Change
			□ Add
			□Remove
			□Change
····		-	
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

I ADD NEW MEMBER					
			· <u></u>		
					
					
					
					-
		<u> </u>			<u></u>
Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be does not meet the	applicable statut	ling or more than 90 da ory filing requireme	_(optional) ays after filing.) Pursuant nts, this date will not b	to 605.0207 (3 be listed as th
ne record specifies a delayed effective do ord is filed.	ate, but not an effec	ctive time, at 12:	H a.m. on the earlie	r of: (b) The 90th day	y after the
Dated APRIL 01	2020				
	1 Nin 1	1-1-1			
Sig		ledws	sentative of a member		