(Red	questor's Name)			
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(City	//State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to F	Filing Officer:			

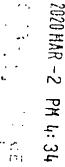
Office Use Only

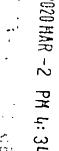


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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

SUBJECT: FMIKO 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:
Scott Kolzumi Name of Person
Firm/Company
Firm/Company
11225 ST JOHNS INDUSTRIAL PARKWAY N
TACKSONVIUE FL 32246  City/State and Zip Code  SCOTT KEUDIWATER, COM  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
SCOT KO1ZUMI at (904) 421 - 2099  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
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Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	v as it now appear	s on our records.)			
(A Florida Limited Lia	ability Company)				
The Articles of Organization for this Limited Liability Company w	ere filed on	5/22/2019	and a:	ssigned	
Florida document number <u>L 19000131640</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ity company he	<u>re</u> ;			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the de	esignation "LLC" or the abbi	reviation "	<u> </u>	_
Enter new principal offices address, if applicable:			, .	)20 HAR	- <del></del>
(Principal office address MUST BE A STREET ADDRESS)				AR.	
				-2	<del></del> - 3
			•	PH	
Enter new mailing address, if applicable:			•	<del>-F.</del> ယ	<u>```</u>
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	_
					_
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our ro	ecords, <u>enter the name</u>	of the n	ew regist	terec
Name of New Registered Agent:				_	
New Registered Office Address:					
	Enter Flor	ida street address			_
		, Florida			_
N. D	City		Zip Code	.*	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of . covided for in C	my duties, and Lam fa Thapter 605, F.S. Or, ij	miliar w f this doc	ith and sument i	

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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP_	JANEL KOIZMI	11225 ST JOHNS	<b>X</b> Add
		INDUSTRIAL PARKWAY N.	<u>. ⊟Remove</u>
		INDUSTRIAL PARKWAY N.  JACKSONVILLE, FL 3224	C Ethange
			□Add
			□Remove
			DChange
			□Add
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			□Change

	EIN 84-1873940	
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(If an effective on Note: If the	ate, if other than the date of filing:	
he record spec ord is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
Dated	ESEN 181 28 2020	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00