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## **COVER LETTER**

O NUEVO LLC		
Name of Lim	ited Liability Company	·····
es of Amendment and fee(s) are sub	mitted for filing.	
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QUIROS, JOSE		
	Name of Person	
KOMO NUEVO LLC		
	Firm-Company	
9310 W FLAGLER ST AI	PT 121	
<del></del>	Address	
MIAMI, FL 33174		
	City/State and Zip Code	<del></del>
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nne of Person	Area Code Daytime	e Telephone Number
for the following amount:		
-	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
on Section	Street Address: Registration Sec	
	Person  Person	Name of Limited Liability Company  es of Amendment and fee(s) are submitted for filing.  respondence concerning this matter to the following:  QUIROS, JOSE    Name of Person

P.O. Box 6327

Tallahassee, FL 32314

TO:

**Registration Section** 

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOMO NUEVO 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 01/24/2020 Florida document number <u>L20000030695</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 9310 W FLAGLER ST APT 121 Enter new principal offices address, if applicable: MIAMI, FL 33174 (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida j

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
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	Signature of	a member or author	ized representative	of a member	<del>-</del>	<del></del>