## L200000047933

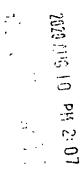
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
Video Geek	sz. LLC		
SUBJECT:	Name of Lim	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:	
	Michael Bond		
		Name of Person	2022
	<del></del>	Firm/Company	2027 FIG 10
	729 Valencia Ave #3		
	Coral Gables, FL 33134	Address	PH 2: 07
		City/State and Zip Code	
	michaelbond84@gmail.con E-mail address: (	n to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Michael Bond		at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Video Geekz,	LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L20000047933	pany were filed on 02/11/2020 and assigned	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Co Bond Commerce, LLC		
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applicable:	-	<del></del>
(Principal office address MUST BE A STREET ADDRESS	S)	
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re a grande de la companya de la co	— چ	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
	 E	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new re</u>	<u>gister</u>
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida street address	
	Emer Fioriaa Mreei aauress	
	Florida	
	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>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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			- DANA
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ffective date, if other than the an effective date is listed, the date motor. If the date inserted in this ocument's effective date on the	oust be specific and cannot block does not meet the	be prior to date of applicable statu	filing or more than 9	(options 0 days after fili ements, this da	ng.) Pursuant to 605.02
record specifies a delayed effect Lis filed.	ive date, but not an effo	ective time, at 12	:01 a.m. on the ea	arlier of: (b)	The 90th day after th
ated August 3	. 2020				
/ (En 'E)					
ma	Signature of a member	or authorized ren	resentative of a men	nber	