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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations KOMN HANGER INVESTORS, LLC SUBJECT: 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: Penny K. Every Name of Person Jeffrey C. Sweet, Esquire Firm/Company 595 W. Granada Blvd., Suite A Address Ormond Beach, FL 32174 City/State and Zip Code penny.every@jsweetlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Penny K. Every Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOMN HANGER INVESTORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(Name of the Limited Liability C.) (A Florida Lin	nited Liability Company	ears on our records. y)	(,
The Articles of Organization for this Limited Liability Com	pany were filed on	07/06/2020	and assigned
Florida document number 120000180165			-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company	here:	
KOMN HANGAR INVESTORS, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," th	e designation "LLC"	or the abbreviation "L,L,C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:			
• • •			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	ffice address on oui	r records, <u>enter t</u>	he name of the new registered
New Registered Office Address:			
The Manager of the Control of the Co	Enter F	Florida street address	
		. Flo	rida
	Ciţy	·	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com- accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance it as provided for ii	of my duties, and n Chapter 605, F	d I am familiar with and I.S. Or, if this document is

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
			□ Add
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If an cf Note:	tive date, if other than the diffective date is listed, the date must be a lift the date inserted in this block that it is effective date on the Dep	e specific and can k does not meet	not be prior to dat the applicable s			ling.) Pursuant to 605.020
e recor rd is fi	rd specifies a delayed effective liled.	date, but not an o	effective time, a	t 12:01 a.m. on t	he carlier of: (b)	The 90th day after the
Dated	July 7,	2	020			
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	J Trus	gnature of a mem	ber or authorized	representative of a	member	