

KZ1000050673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

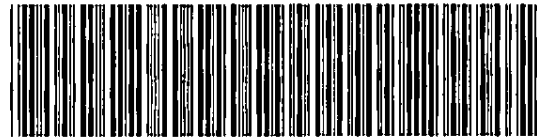
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2021

SAINFACILE SAINT HILAIRE
5929 NW 46TH TER
TAMARAC, FL 33319

SUBJECT: KOMOGLO LLC
Ref. Number: L21000050673

We have received your document for KOMOGLO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 821A00008728

2021 MAY 14 AM 3:55
TALLAHASSEE, FL 32314

2021 MAY 14 AM 3:55

RECEIVED

TO: Registration Section
Division of Corporations

SUBJECT: "RESTATMENT OF ARTICLES OF ORGANISATION" OF KOMOGLO 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.

SAINFACILE SAINT HILAIRE

Name of Person

KOMOGLO LLC

Firm/Company

5929 NW 46TH TER

Address

TAMARAC, FL 33319

City/State and Zip Code

sainfacile33@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAINFACILE SAINT HILAIRE

954

638-8259

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

TO
ARTICLES OF ORGANIZATION
OF

KOMOGLO 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 01/27/2021 and assigned
Florida document number L21000050673

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5929 NW 46TH TER

TAMARAC, FL. US 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5929 NW 46TH TER

TAMARAC, FL. US 33319

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:

SAINFACILE SAINT HILAIRE

New Registered Office Address:

5929 NW 46TH TER

Enter Florida street address

TAMARAC

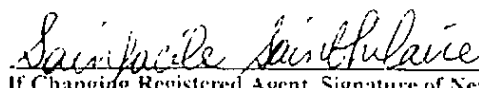
Florida 33319

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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SAINFACILE SAINT HILAIRE	5929 NW 46TH TER	<input type="checkbox"/> Add
		TAMARAC, FL. 33319	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Sainfoale Saint-Hilaire AMBR
Signature of a member or authorized representative of a member:

Typed or printed name of signee