L21000 134497

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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04/08/21--01009--010 **25.00





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOKOMA CONES, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	nny were filed on 3/22/21	and assigned
lorida document number <u>L21000134497</u> .		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
KOKOMO CONES, LLC		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbr	eviation "L.L.C."
inter new principal offices address, if applicable:		21 22 ==================================
Principal office address MUST BE A STREET ADDRESS)		70 -
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	- <u> </u>	0 9 1
	(ત્રીફ્	
nter new mailing address, if applicable:		73
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered officeent and/or the new registered office address here:	ce address on our records, <u>enter the name</u>	of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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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			□Add
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fective date, if other than	the date of fili	ng:	I 660		(optional)		40.54.5
in effective date is listed, the date ote: If the date inserted in th	is block does not	meet the appli	cable statutory	or more than 90 day filing requiremen	is after filing.) Pu ts. this date wil	rsuant to I not be	5 605.020 Flisted a
ocument's effective date on the	ie Department of	State's records	5.				
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