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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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J. HORNE					
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PRESIDENT PH 2:27

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2022 JUN-1 AM II: 22

SECRETARY OF STARR

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

orth Comofar LLC			
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	<del></del>		
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	·		LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
		ļ <del></del>	Corp Record Search
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			Vehicle Search
	- <del> </del>		Driving Record
Requested by: SETH	06/01	ļ <del></del>	UCC 1 or 3 File
Name	Date Tim	ne	UCC 11 Search
Mr. M. K			UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

#### **COVER LETTER**

Registration Section

TO:

Division o	f Corporations			
CKID ID CVD	NORTH COMOFAR LLC			
SUBJECT:	Name of Li	mited Liability Company		
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.		
Please return all cor	rrespondence concerning this matte	r to the following:		
		ARLEEN DAVILA		
		Name of Person		
	ADV ACCOU	JNTING & TAX SERVICES LLC		
Firm/Company				
	12701 S JOHN YOUNG PKWY STE 215			
	Address			
	ORLANDO FL 32837			
		City/State and Zip Code		
		arleendavila@gmail.com		
	E-mail address:	(to be used for future annual report noti-	fication)	
For further informa	tion concerning this matter, please	call:		
Arleen Davila		407 641-0810 at ( )		
	lame of Person		e Telephone Number	
Enclosed is a check	r for the following amount:			
<b>≡ \$25.00</b> Filing I	Fee S30.00 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 Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN - 1 AH 11: 22

	H COMOFAR LLC		SECRETARY OF STATE
(Name of the Limited Liability (A Florida)	y Company as it now app Limited Liability Compan	ears on our record y)	<u>IACUAHAGSEE,</u> FLURGI.
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on	08/18/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company	here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," th	ne designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			<del> </del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on ou	r records, <u>enter</u>	the name of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street addres	5
	<u></u>	, Fle	orida
	City		Zip Code
New Registered Agent's Signature, If changing Registered	<del>-</del>		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and concept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance ent as provided for i	of my duties, ar n Chapter 605, .	nd I am familiar with and F.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
MGR	Virginia Facuse	5015 Laguna Bay Circle, Apt 90	<b>⊟</b> Add
		Kissimmee FL 34746	□Remove
			□Change
			□Add
		<del> </del>	□Remove
			Change
			🗀 Add
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			□Remove
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and exempt be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  Note: If the date inserted in this blook does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  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 specifies of filed.  Dated 30 - MAYU - 20 22  Signature of a member of a multiple of the printed name of signes  Nario Cortes Manroy  Typed or printed name of signes	
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Mario Cortes Menroy	Dated,
Mario Cortes Menroy	$\omega_{\perp}$
Mario Cortes Monroy	
	Signature of a member or authorized representative of a member
Typed or printed name of signce	Mario Cortes Monroy
	Typed or printed name of signce

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	NOR	TH COMOFAR LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all	correspon	dence concerning this matter	to the following:		
			ARLEEN DAVIL	A	
		<del></del>	Name of Person		<del></del>
		ADV ACCOU	NTING & TAX SERV	/ICES LLC	:
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		,, <del>-</del>
	12701 S JOHN YOUNG PKWY STE 215				
	Address				
			ORLANDO FL 32	837	
		<del></del>	City/State and Zip Co	ode	<del></del>
			arleendavila@gmail.c	om	
		E-mail address: (	to be used for future and	ual report no	otification)
For further info	rmation co	ncerning this matter, please c	all:		
Arleen Davila			407	641-0810	
	Name of	Person	Area Code	Dayt	ime Telephone Number
Enclosed is a ch	neck for the	e following amount:			
■ \$25.00 Filii	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy i	4	☐ \$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		Reg Divi The	Centre of	Section orporations FTallahassee roe Street, Suite 810	

Tallahassee, FL 32303