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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

	Registration Se Division of Cor		•	
	. Kommerko	Stores LLC		•
SUBJEC	T:	Name of Lim	ited Liability Company	•
The encle	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Frank Rubiano		
			Name of Person	
		Kommerko Stores LLC		
			Firm/Company	· · ·
		1690 NW 108th Avenue S	uite 161	
			Address	
		Miami, Florida 33172		
			City/State and Zip Code	
		admin@kommerko.com		
			to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please c	ail:	
Frank R	ubiano		786 239-7755 at ()	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed	l is a check for th	ne following amount:		
≡ \$25 .	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration S	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kommerko Stores LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/12/2022 and assigned	
Florida document number L22000026239		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:	1690 NW 108th Avenue Suite 161	_
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33172	-
Enter new mailing address, if applicable:	1690 NW 108th Avenue Suite 161	_
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33172	_
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	RY OF STATE	
	Enter Florida street address	
	, Florida	-
	Chy 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

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	Kevin Zavala	11360 SW 8th Place	
		Pembroke Pines, Florida 33025	□Remove
			Change
			□Add
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			□Remove
			Change
			□Remove
			Change
			□Remove

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ffective	e date, if other than the date of filing:
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
iocumen	it's effective date on the Department of State's records.
record: d is filed	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
Jated Ja	1ly 27th 2022
- Juico	And of the state o
	/ / / / / / / / / / / / / / / / / / /
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00