## <u>\_23000030530</u>

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone	e #)
PICK-UP WAIT	MAIL
(Business Entity Nar	me)
(Document Number)	
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## **COVER LETTER**

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(O) Registration Se Division of Cor			
8. BJECT: <u>Kok</u>	Omo Real A	ited Mability Company	
. enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
1 - //se return all correspo	ndence concerning this matter	to the following:	
	Frederick	D. Ferrara Name of Person	
	Kokomo R	Leasty UC Pirm/Edupany	
	311 N. 12	Address	
	Flagler fre	Chy/State and Zip Code  Chy/State and Zip Code  Chy/State and Zip Code  Chy/State and Zip Code  Chy/State and Zip Code	cation)
l further information co	oncerning this matter, please co		
Mayle F Name of	errara Person	at (386) 697 Area Code Daytime	- 336   Telephone Number
! Closed is a check for th	e following amount:		
525 (0) 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company)

(A Florida Limited Dibility Company)

(A Florida L	imited <b>U</b> nbility Company)			
Articles of Organization for this Limited Liability Cor Forda document number L230003053	npany were filed on $\bigcup$	an 17,202	and assign	ed
This amendment is submitted to amend the following:				
. If amending name, enter the new name of the limite	d liability company b	<u>iere</u> :		
* 2 · ew name must be distinguishable and contain the words "Limite	d Liability Company," the	designation "LLC" or the :	abbreviation "L.L.C	
. ater new principal offices address, if applicable:				
vincipal office address MUST BE A STREET ADDRE	<u> </u>			
		· · · · · · · · · · · · · · · · · · ·		
internew mailing address, if applicable:	**************************************			
!wiling address MAY BE A POST OFFICE BOX)	<del></del>			
. If amending the registered agent and/or registered on and/or the new registered office address here:  Name of New Registered Agent:	office address on our	records, <u>enter the nai</u>	ne of the new ro	gistered
			<u> </u>	<del>{-</del>  •:
New Registered Office Address:	Enter Flo	orida street address	PH 2:	The second
**************************************		, Florida	2 2	
www.Registered Agent's Signature, if changing Registered 3	<i>City</i> Agent:		гир Соае	
ely accept the appointment as registered agent an sistence of all statutes relative to the proper and con At the obligations of my position as registered agency gifted to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this applete performance o at as provided for in	f my duties, and Lam Chapter 605, F.S. Or	familiar with a	nd
	II Changing Registered A	gent, Signature of New R	egistered Agent	_

... amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added of removed from our records:

...GR = Manager ...IBR = Authorized Member

tle	Name	Address	Type of Action
MELL	Frederick Do Ferrara III	311 N. 175t.	🛂 Add
	terrara III	Flager Beach, Fl.	🗆 Remove
		32136	□Change
AMB <u>r</u>	Frederick D. Ferrara III	311 N.12 St.	Nadd
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Signature of a member authorized representative of a member		-t-1		~		
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Filing Fee: \$25.00