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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: KC	LIESNIK LLC			
SUBJECT:		ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
		net Bûndera Name of Person		
	Poli	Indera Law Fi	RM	
		Firm/Company		
	/3/18	B State Rd 64 L	Ξ	
		Address		
	Br	radentun, FL 34	1712	
	jbander	City/State and Zip Code A O DANGERA IAW For to be used for future annual report notific	PEM.COM	2024
For further information co	E-mail address: (ation)	FEB 28
Tanet	Bandera	341 691-6	1386	3
Name of	Person	Area Code Daytime T	elephone Number	9: 36
Enclosed is a check for the	e following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclo	
Mailing Address Registration S		<u>Street Address:</u> Registration Secti	on	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

KOLIES	SNIK LLC
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 13/36/17034 and assigned
Florida document number <u>L2400006829</u>	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 235 COCOONT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. 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 Agent: Name of New Registered Agent: New Registered Office Address: Inter Florida street address Inter F	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L.I.C" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADI	DRESS)
	30.024
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	· ·
D. If amounting the registered agent and/on registered	
	111
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>	<u>Address</u>	Type of Action
			□Add
		 	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
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			□Remove
			□Change
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			□Add
			□Change

ii amenu	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u></u>
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(If an effecti Note: If t	date, if other than the date of filing: ve 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2/23/ 2024.
	Signature of a member or authorized representative of a member
	JAMET BANDERA ATTY
	Typed or printed name of signee

• • • •

Filing Fee: \$25.00