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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Co	orporations		
KOLOIK	OS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	matted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MERCEDES LESTA		
		Name of Person	
	KOLOIKOS LLC		
		Firm/Company	
	7542 LAKE HANCOCK I	RLVD	
		Address	· · · · · · · · · · · · · · · · · · ·
	WINTER GARDEN FL 3	4787	
		City/State and Zip Code	
	mercedes.lesta@koloikos.c	om to be used for future annual report notif	(cention)
For further information	concerning this matter, please c	,	
Mercedes Lesta		407 569 9419 at ()	
Name	of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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

MAILING ADDRESS:

TO: , Registration Section

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOLOIKOS LLC					
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on 05/08/2017	and assigned			
Florida document number L17000101606					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."			
Enter new principal offices address, if applicable:	7542 LAKE HANCOCK BLVD				
(Principal office address MUST BE A STREET ADDRESS)	WINTER GARDEN, FL 34787				
		APR			
		30 GENT			
Enter new mailing address, if applicable:		3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
(Mailing address MAY BE A POST OFFICE BOX)					
		元			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u> e:	the name of the nev			
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 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>	Name	<u>Address</u>	Type of Action
AMBR	NESTOR GUTKIN	7542 LAKE HANCOCK BLVD	
		WINTER GARDEN, FL 34787	Remove
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Filing Fee: \$25.00