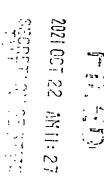
118000215442

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Q.	SILAS
	OCT	2 2 2021
<u> </u>		j



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Office Use Only



October 6, 2021

MICHAEL A. SCOTT, ESQ. 10181 SIX MILE CYPRESS PKWY SUITE C FORT MYERS, FL 33966

SUBJECT: KOBART, LLC Ref. Number: L18000215442

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2021 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at our www.sunbiz.org. Please select 'Reinstatement' under the 'Filing Services' menu and then click on the 'File Reinstatement' button and follow the prompts. You will have the option to pay by credit/debit card; or by check or money order.

In order to file the Amendment, the business status must be active.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 321A00024339

RECEIVED OCT 2 2 2021

COVER LETTER

Registration Section
Division of Corporations

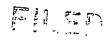
Tallahassee, FL 32314

TO:

Kobart, LL0	C ·	-	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Michael A. Scott, Esq.		
		Name of Person	
	Dorcey Law Firm, PLC		
		Firm/Company	
	10181 Six Mile Cypress Pl	kwy, Suite C	
		Address	
	Fort Myers, FL 33966		
		City/State and Zip Code	
	mike@dorceylaw.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Michael A. Scott, Esq.		239 418-0169	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne 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 (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Se	
Division of C	•	Division of Cor	-
P.O. Box 632 Tallahassee, 1		The Centre of 7	l allahassee be Street, Suite 810
rananassee, i	しゃ シャウミオ	**************************************	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Kohart LLC

2021 OCT 22 AH II- 27

ne Articles of Organization for this Limited Liability Company were filed on 09/10/2018 and		SECRET IN SECRET	
rida document number L18000215442	·		
s amendment is submitted to amend the following	ng:		
If amending name, enter the new name of the	e limited liab	nility company here:	
new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
er new principal offices address, if applicable	e:	2255 North Beach Road	
incipal office address MUST BE A STREET A	(DDRESS)	Unit 11	,
		Englewood, FL 34223	
		2255 North Beach Road	
tor new mailing address if annlicable.		Unit 11	
ter new mailing address, if applicable:	Y)	Unit 11	
ailing address MAY BE A POST OFFICE BO	stered office	Englewood, FL 34223	
ailing address MAY BE A POST OFFICE BO If amending the registered agent and/or regisent and/or the new registered office address h	stered office	Englewood, FL 34223	
ailing address MAY BE A POST OFFICE BO	stered office	Englewood, FL 34223	
ailing address MAY BE A POST OFFICE BO If amending the registered agent and/or regisent and/or the new registered office address h	stered office	Englewood, FL 34223	enter the name of the new regis
If amending the registered agent and/or registered office address h	stered office	Englewood, FL 34223 address on our records,	enter the name of the new regis
If amending the registered agent and/or registered office address h	stered office	Englewood, FL 34223 address on our records,	enter the name of the new regis
ailing address MAY BE A POST OFFICE BO If amending the registered agent and/or regisent and/or the new registered office address h	stered office	Englewood, FL 34223	
nending the registered agent and/or registered office address h	stered office ere:	Englewood, FL 34223 address on our records, Enter Florida street	enter the name of the new regis

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
MGR	KOVACS, CHARLES J	2255 North Beach Road	□Add
		Unit 11	□Remove
		Englewood, FL 34223	= Change
MGR KOVACS, ORSOLYA	2255 North Beach Road	□Add	
	Unit 11	□ Remove	
		Englewood, FL 34223	🗏 Change
			□Remove
		□Add	
		□Remove	
		□Add	
		□Remove	
		□ Change	
		□Remove	
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the date of filing: (It'an effective 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 605.020' Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	7 (3)(l s the
f 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 ecord is filed.	
8/30/2021 Dated	
Charles J. Lovacs	
Signature of a MEMINIPORCHARthorized representative of a member	
Charles J. Kovacs Typed or printed name of signee	

Filing Fee: \$25.00