L07000033687

(Requestor's Name)	····			
(Address)				
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(City/State/Zip/Phon	ne #)			
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B. KOHR

SEP 1 0 2009

EXAMINER

COVER LETTER

TO: Registration Division of C			•
SUBJECT:	Ted	Koster, LLC	
		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
		Edward Koster	09 SEP -8 MIO: 31
		Name of Person	St. Out.
		Ted Koster, LLC	9 0300
Firm/Company			
	g	916 NW 5TH COURT	
		Address	<u> </u>
	Р	LANTATION FL 33324	
		City/State and Zip Code	
	edw F. mail address:	ardakoster@hotmail.com (to be used for future annual report notificat	ion
For further information	n concerning this matter, please		ion)
E	Edward Koster	at (954) 59	99-0094
Nam	e of Person	Area Code & Daytime T	elephone Number
Enclosed is a check fo	r 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 (additional copy is enclosed)

MAILING ADDRESS:

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 ARTICLES OF ORGANIZATION **OF**

Ted Koster, LLC



(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number L07000033687	Company were filed on	03/29/2007	and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		our records, <u>enter (</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	lress
		, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

. MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sam Koster	828 Ponce De Leon Dr. Fort Lauderdale, FL 33316	✓ Add ☐ Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, e	nter change(s) here: (Attach additional sheets, if necessar	'y.)
_			
 Dated	September 3	2009	
Dated		at	
	Signature	of a member or authorized representative of a member	
		Edward Koster Typed or printed name of signee	

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Filing Fee: \$25.00