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Office Use Only



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09 JAN 26 PH 2: 3:

SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JAN 2 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KOA Properties LLC
(Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amanda Diem (Name of Person)
HOA Properties (Firm/Company)
700 S. Harbour Isld. Blrd. #509
Tampa FL 33602 (City/State and Zip Code)
For further information concerning this matter, please call:
Amanda Dum at (813) 505-8446 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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 TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JAN 26 PM 2: 33

(Name of the Limited Lia (A Flo	DOCTHOS LLC billty Company as it now appears or brida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L08000462</u>	lity Company were filed on 5/7		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company,"	' the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
•			
B. If amending the registered agent and/or a registered agent and/or the new registered office		records, enter the name of the new	
Name of New Registered Agent:	•		
New Registered Office Address:	(Finter	Florida straat addrass)	
	(Enter Florida street address)		
-	(City)	, Florida (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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action **Address** Title Name 1 Koltunov, OlegA Remove ☐ Add Remove **₼** Add Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ a member or authorized representative of a member Page 2 of 2

Filing Fee: \$25.00