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EXAMINER



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## COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	KOPP ESTA	to PHANNING	1 LLC
•	Name of Limited	Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submi	itted for filing.	
Please return all corresp	pondence concerning this matter to	the following:	
	BARB	HRA KOPD	
	Kopp	Name of Person  OHAG PLA  Firm/Company	NMING OLC
	3360 PINE	WAIKDA. N#	31/
	MARCHA	e, Florida:	3063
·	Apolepre	City/State and Zip Code  - AN C	A//, LOM
For further information	concerning this matter, please call		•
BAICAA		at (911) P2/-f	404
Name Enclosed is a check for	of Person /	Area Code & Daytime of Tyles of Tyles	Telephone Number
\$25.00 Filing Fee	<del>-</del>	\$55.00 Filing Fee &	CTC60 00 Filing Fee
LJ \$23.00 Fining Fee	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

KODA EVTA	TE PLANNING LLC
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L199000</u>	4/27/2001
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
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)	3360 PINDWALK DR. N. # 13/ MANGETE, PH. 33063
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	12 Ja
New Registered Office Address:	ASA 2
	Enter Florida street addres
<del> </del>	City Florida Code
New Registered Agent's Signature, if changing Registered Agent:	Rith err

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 or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** Title <u>Name</u> MGRM PAULC. KOPP WERM BARDAN D. KOPP Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member

Page 2 of 2

Typed or printed name of sign

Filing Fee: \$25.00