#112000038244

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2014 MAR 14 PM 3: 17

SECRETARY OF STATE
TALL AHASSEE FLORING

K.OMLY EXAMINER MAIR 2 0 2014

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: Kolek	takon LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Louis Domin	nick Gallo			
Name of Person					
Kolektakon LLC					
		Firm/Company			
	8305 Sunrise Lake	s Boulevard Bldg#39 Floo	or#2 Apt#209		
		Address			
	Sunrise, Flo	rida 33322-1572			
City/State and Zip Code					
	distribution@kole	ektakon.com to be used for future annual report notif	ication)		
For further information co	oncerning this matter, please ca	all:			
Louis Domi	nick Gallo	954,789-7	233		
Name of Person		at ()	Telephone Number		
Enclosed is a check for th	e 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 TO ARTICLES OF ORGANIZATION OF

2014 MAR 14 PM 3: 17 Kolektakon 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 Company were filed on March 19, 2012 and assigned Florida document number L12000038244 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Louis Dominick Gallo	8305 Sunrise Lakes Boulevard Bldg#39 Floor#2 Apt#209	
		Sunrise, Florida 33322-157	2 Remove
		United States	
MGR	Louis D. Gallo	8305 Sunrise Lakes Blvd. Bldg#39 Apt#20	9 □ Add
		Sunrise, Florida, FL 3332	2 ■ Remove
			_
MGR	Johakim MacDonald-Baudon	3121 Ensign Way	Add
		West Kelowna, BC V4T1T-9	Remove
		Canada	_
MGMR	John Chiang	1965 Avenida Plaza Rea	 _□ Add
		Oceanside, CA 92056	■ Remove
		United States	
MGMR	Hiromi Kai	#803 156 Okura-machi	_□ Add
		Machida-shi, Tokyo 195-0062	Remove
		Japan	_
			□ Add
			_□ Remove

	Louis Dominick College 1009/ Equity Stake In Company
,	Louis Dominick Gallo - 100% Equity Stake In Company
•	
;	
E. Effect	tive date, if other than the date of filing:(optional)
(The eff the da	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the this document is filed by the Florida Department of State)
Dated	March Eleventh 03/11/2014
	,
	$l : \Omega \cap \Omega \cap M$
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Louis Dominick Gallo

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Filing Fee: \$25.00