

L1200004461

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TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

JUL 24 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KOEX 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:

MARK Hollander
Name of Person
Hollander & Associates INC
Firm/Company
2959 DAY AVE # B
Address
MIAMI, FL 33133
City/State and Zip Code
MARK.HOLLANDER@YMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK Hollander at (305) 495-9956
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KOEX 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 _____ and assigned
Florida document number L12000041461

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)

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TALLAHASSEE, FLORIDA

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:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KOEX SL	C/ DELCO 1,3 3 Planta PL Ciudad del Automovil Madrid,, SPAIN MD 28914 SP	☐ Add ☒ Remove
MGRM	Koex Distribucion Integral, SL	C/ Delco 1- 3, 3ª Planta 28914 Leganes, MADRID - SPAIN	☒ Add ☐ Remove
MGR	SARASUA, LUIS A	61 - 1C 2822A Majadahonda, MADRID, SPAIN	☐ Add ☒ Remove
MGR	Astorqui Sarasua, Luis	C/ Mar Mediterraneo, 61 1º C 28221 Majadahonda, Madrid - SPAIN	☒ Add ☐ Remove
MGR	Perez Sanz, Sebastian	7301-B 28221 Majadahonda, Madrid, SPAIN	☐ Add ☒ Remove
MGR	Perez Sanz, Sebastian	C/ Mar Mediterraneo, 73 1º B 28221 Majadahonda, Madrid - SPAIN	☒ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July, 12th - 2012 , _____

Signature of a member or authorized representative of a member

Perez Sanz, Sebastian

Typed or printed name of signee

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Filing Fee: \$25.00

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