11200159321

(Red	questor's Name)				
(Add	iress)				
(Add	lress)				
(City	/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to F	Filing Officer:				

Office Use Only



800315140968

06/28/18--01011--025 •≠30.00

N COOPER JUN 2 8 2018

COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
• 	KOLBI GR			
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		VASILIOS KOLOVOS		
			Name of Person	
		KOLBI GROUP LLC		
			Firm/Company	•
		8740 GRANADA BLVD		
			Address	
		ORLANDO, FL 32836		
			City/State and Zip Code	
		BKOLOVOS@GMAIL.CO	DM to be used for future annual report notifi	· · · · · · · · · · · · · · · · · · ·
				ication)
For furt	ther information c	oncerning this matter, please co	all;	
VASIL	JOS KOLOVOS		407 404-2254	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
- \$25	5.00 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 Ćopy (additional copy is enclosed

MAILING ADDRESS:

TO:

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

KOLBI GROUP LLC				
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as it now appears o liability Company)	π our records.)	
The Articles of Organization for this Limited L lorida document number <u>L12000159321</u>		were filed on 04/20)/2018	and assigned
his amendment is submitted to amend the fol				
. If amending name, <u>enter the new name o</u>	of the limited liabi	ility company here	;	
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if appli	cable:	- -		
Principal office address MUST BE A STRE	ET ADDRESS)			= 0
				1 8 J
nter new mailing address, if applicable:				28 57. 57.
	. n.o.va		· · · · · · · · · · · · · · · · · · ·	<u> </u>
<u> Iailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	-		<u>မှ ႏွ</u>
. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	our records, <u>enter t</u>	the name of the
Name of New Registered Agent.				
New Registered Office Address:	8740 GRANAD			
•		Enter Elorida	a street address	
	ORLANDO		, Florida	36
		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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	VASILIOS KOLOVOS		□ Add
			□ Remove
		8740 GRANADA BLVD 32836	■ Change
AMBR	KIMBERLY KOLOVOS		
		8740 GRANADA BLVD 32836	, Remove
			Change
			Remove
			Change
			🗆 Add
			□ Remove
			Change
		_	□ Add
			Remove
			☐ Change
	· · ·		□ Add
			☐ Remove
			Change

-							•	
`				<u> </u>				.
								
	<u> </u>			_	11.002			
		<u> </u>						_
								-
				-				
								
								01V
	· · · · · · · · · · · · · · · · · · ·					·	<u> </u>	— <u>≥</u>
							=	<u></u>
							28	767
				-				<u> </u>
							 न्ह	3.
							: #9	
							9	<u>고</u> 요
								
fective	date, if other than the date	of filing:				(optio	nal)	405.05
	e date is listed, the date must be sp ne date inserted in this block de							
	s effective date on the Departr				. 5 1	•		
гесо	d specifies a delayed effe	ective da	te, but no	t an effec	tive time,	at 12:01 a	.m. on the e	arlier
	th day after the record i		,		•			
	15	۲	0 017	1				
ited	July 13	(247	3		/		
		······································				/		
	_ ///~	モノ			7	(a)		
				()1		_ /		
	Siena	ture of a me	mber or autho	orized represe	entative of a m	ember		

Page 3 of 3

Filing Fee: \$25.00