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Office Use Only



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MAY 11 2016 S. YOUNG

COVER LETTER

	stration Section sion of Corporations	
SUBJECT: _	KohlerHaus LLC	
	Name of Limited Liability Company	
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following:	
	Marie L. Kohler	
	Name of Person	
	KohlerHaus	
	Firm/Company	
	18201Stillwell Lane	
	Address	<u>~</u> 50
	Tampa,FL 33647	5
	City/State and Zip Code	TOTETARY OF STATE
	E-mail address: (to be used for future annual report notification)	P CAR
For further infe	formation concerning this matter, please call:	三 三
Marie Kohler	r 813 786-9815	J Om
-	Name of Person Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:	
■ \$25.00 Fil	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &

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**

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number	mpany were filed on 7/23/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		92.00
(Principal office address MUST BE A STREET ADDRE	<u></u>	5
		7 50
		0 00 00
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		577
		<u> </u>
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	· ·	er the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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</u>, <u>name</u>, <u>and address of each person</u> <u>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	Lisa L. Demmi	18201 Stillwell Lane Tampa, FL 3.	
			Remove
			☐ Change
			Add
			□ Remove
			LAHASSE MAYAN DAMASSE
			Remove To
			□ Change
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

f amending any other information, enter change(s) here: (Attach additional sh	
	_
	16 1 ALL
	3
	TO SSE
	PR (7)
	
	,
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than lote: If the date inserted in this block does not meet the applicable statutory filing requirecument's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	at 12:01 a.m. on the earlier of
vated 5-5 , 20/6 . Signature of a member or authorized representative of a me	
Signature of a member or authorized representative of a me	mher
O	

Page 3 of 3

Filing Fee: \$25.00