L13000139257

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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> FILED 2022 JAN 21 PH 2: 05 SECKETARY OF STATE TALLAHASSEE, FL

Y. SCOTT FEB - 5 2022

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

Koleox Kosenberg PLIC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Dabral at (<u>954)</u> Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

₩ S25.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	berg PLLC ny as-it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $10 23013$ and assigned
Florida document number <u>L13000139,257</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
Koleos Rosenberry Dior The new name must be distinguishable and contain the words "Limited Liabil	nisio PUC
Enter new principal offices address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS)</u>	
Enter new mailing address, if applicable:	NA FLE
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

City

Zip Code

_, Florida ____

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
<u> </u>			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	1/18/202.2
	Dave Val
	Signature of a member or authorized representative of a member
	Daniel J. Koleos
	Typed or printed name of signce

Filing Fee: \$25.00