

# L130000149596

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

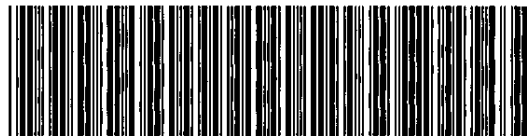
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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J. HARRIS

**COLEMAN, YOVANOVICH & KOESTER, P.A.**  
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Kenneth R. Johnson

March 25, 2014

**VIA FEDERAL EXPRESS**

Registration Section  
Divisions of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Articles of Amendment – Colonial Square Realty**  
**Articles of Amendment – Colonial Square Management Group**

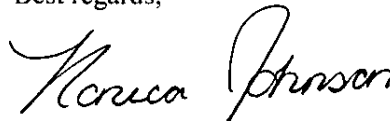
To Whom it May Concern:

Enclosed with this correspondence please find the Articles of Amendment to Articles of Organization with regard to Colonial Square Realty, LLC and Colonial Square Management Group, LLC.

Please also find enclosed our firm's check in the amount of \$60.00 for the fee associated with filing and returning a Certificate of Status for each.

Lastly, I have enclosed for your convenience a pre-paid envelope for the return of the filed documents to my attention. Please do not hesitate to contact us with any questions.

Best regards,



Monica Johnson  
Paralegal

:maj  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Colonial Square Realty, 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:

**Gregory L. Urbancic, Esq.**

Name of Person

**Coleman, Yovanovich & Koester, P.A.**

Firm/Company

**4001 Tamiami Tr. N., Suite 300**

Address

**Naples, FL 34103**

City/State and Zip Code

**gurbancic@cyklawfirm.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Gregory L. Urbancic, Esq.** at **(239) 435-3535**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Colonial Square Realty, 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 October 22, 2013 and assigned  
Florida document number L13000149596.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KOVA Commercial, LLC

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) \_\_\_\_\_

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**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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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Add  
Remove

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

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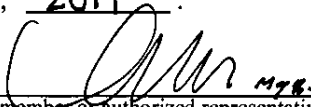
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E. Effective date, if other than the date of filing: May 1, 2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 20, 2014

  
Signature of a member or authorized representative of a member

ANTHONY L. EMMA JR.

Typed or printed name of signee

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Filing Fee: \$25.00

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