

L14000005114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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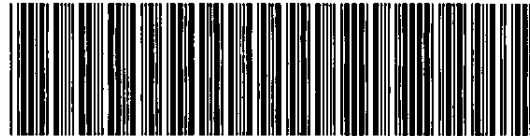
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP -3 AM 10:49

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N. Culligan SEP - 4 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KOT PRODUCTS COMPANY 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:

JOHN SHCLARR

Name of Person

Firm/Company

786 BRENTWOOD DR

Address

VENICE FL 34293

City/State and Zip Code

POPKOVEDIK@YAHOO.COM

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

For further information concerning this matter, please call:

JOHN SHCLARR

253 353-5368
at () _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

FILED
2015 SEP -3 AM 10: 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KOT PRODUCTS COMPANY 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 01/09/2014 and assigned
Florida document number L14000005114.

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 contain 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)

786 BRENTWOOD DR

786

VENICE FL 34293

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

786 BRENTWOOD DR

786

VENICE FL 34293

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:

JOHN SHCLARR

New Registered Office Address:

786 BRENTWOOD DR

786

Enter Florida street address

VENICE

, Florida 34293

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, enter the title, name, and address of each person 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>
MGR	SHCLARR, JOHN	786 BRENTWOOD DR	<input checked="" type="checkbox"/> Add
		VENICE FL 34293	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRAN VALENTINA	1899 PORTER LAKE DR STE 102	<input type="checkbox"/> Add
		SARASOTA FL 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PARTNERS TRUST ENTERPRIS	1899 PORTER LAKE DR STE 102	<input type="checkbox"/> Add
		SARASOTA FL 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Serge Kotyakov	1899 PORTER LAKE DR STE 102	<input type="checkbox"/> Add
		SARASOTA FL 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SERGUEY KOTYAKOV	8720 151 ST	<input checked="" type="checkbox"/> Add
		SURREY BC 2B31M1	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 07/30/2015 (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 filing.) 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 07/30/2015, _____



JOHN SHCLARR

Typed or printed name of signee