

#L14000006317

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

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

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 MAR 12 PM 3:40

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
MAR 17 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Koch Land Development, 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:

Malcolm S. McLeod

Name of Person

McLeod & Associates, LLC

Firm/Company

1957 Hoover Court, #306

Address

Hoover, AL 35226

City/State and Zip Code

malcolm@mcleodlaw.net

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

For further information concerning this matter, please call:

Malcolm S. McLeod

Name of Person

at ( 205 ) 930-1774

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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>
AMBR	Natalie Koch	110 E. Broward Blvd.	<input checked="" type="checkbox"/> Add
		Ste. 1630	<input type="checkbox"/> Remove
		Ft. Lauderdale, FL 33301	
AMBR	Adam Reiver	110 E. Broward Blvd.	<input type="checkbox"/> Add
		Ste. 1630	<input checked="" type="checkbox"/> Remove
		Ft. Lauderdale, FL 33301	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

N/A

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 10, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Daniel Koch, Manager

\_\_\_\_\_  
Typed or printed name of signee