L14000051651

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Y. SCOTT
JUL 2 2 2023

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	KOZO LLC			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspon	ndence concerning this matte	r to the following:		
		MICHAEL GLEISSNER		
		Name of Person		
	Firm/Company			
	2023 KAY 30 ' (74		
	——————————————————————————————————————	• •		
	0 PH	y ,		
City/State and Zip Code				
mg@michaelgleissner.com				
	E-mail address:	(to be used for future annual report notification)	2: 20 STATE E. P.	l
For further information co	oncerning this matter, please	call:		
MICHAEL GLEISSNER		212 796-4304 at ()		
Name of Person		Area Code Daytime Telephone	Number	
Enclosed is a check for th	a fallowing amounts			
			(0.00 Filler Fee	
■ \$25.00 Filing Fee	S30.00 F Certific	C	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclose	
Mailing Address Registration S Division of C P.O. Box 632	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahasse	e	
Tallahassee, F	FL 32314	2415 N. Monroe Street. S	Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FASHION ONE TELEVISION LLC		
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
the Articles of Organization for this Limited L lorida document numberL14000051651	iability Company were filed on	IARCH 28, 2014	and assigned
his amendment is submitted to amend the foll	owing:		
If amending name, enter the new name o	f the limited liability company he	г <u>е</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company." the de	signation "LLC" or the	abbreviation "L.L.C."
inter new principal offices address, if applic	eable:		 ≥
Principal office address MUST BE A STREI	ET ADDRESS)		023
			30
inter new mailing address, if applicable:			· 1
Mailing address MAY BE A POST OFFICE	POV		1110 23
Waling dadress WAT BE A FOST OFFICE	<u></u>		1.15
		-	- <u></u>
3. If amending the registered agent and/or gent and/or the new registered office addre	• /	cords, <u>enter the na</u>	me of the new regi
Name of New Registered Agent:	EUGENE D. MONDRUS		
New Registered Office Address:	160 SW 7TH CT		
negative Onice nadica.	Enter Flori	da street address	
	POMPANO BEACH	, Florida	33060-8398
	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>	Address	Type of Action
			□Add
			Remove
			□Add
			□Remove
			□Change
			ZOZ3 □ Add
			□ Remove □ Remove □ Change □ Change
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fective date, if oth	er than the date	of filing:			(option:	ıl)	
n effective date is listed ote: If the date inser	d, the date must be sr	ecific and canno	t be prior to date e applicable s	of filing or more tatutory filing re	han 90 days after tili	ng.) Pursu	ant to 605.02 ot be listed
cument's effective of	late on the Departi	nent of State's	records.	, 3			
ecord specifies a del	aved effective date	but not an eff	ective time at	12:01 am on t	he earlier of: (h)	The 90th	day after th
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Filing Fee: \$25.00