

L15060029421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

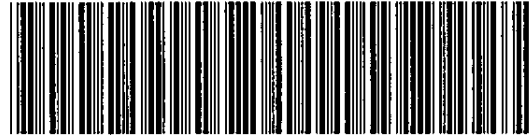
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 08 2016
J. HARRIS

**TO: Registration Section
Division of Corporations**

KOH MUAY THAI - PASCO, LLC

SUBJECT: _____
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:

MELISA PHILAGE

Name of Person

KOH MUAY THAI - PASCO, LLC

Firm/Company

6450 LAND O' LAKES BLVD

Address

LAND O' LAKES, FL 34638

City/State and Zip Code

MPHILAGE@YAHOO.COM

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

For further information concerning this matter, please call:

MELISA PHILAGE

941

713-1257

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 ORGANIZATION OF

KOH MUAY THAI - PASCO, 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 02/17/2015 and assigned
Florida document number L15000029421.

This amendment is submitted to amend the following:

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

N/A

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)

6450 LAND O' LAKES BLVD

LAND O' LAKES, FL 34638

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6450 LAND O' LAKES BLVD

LAND O' LAKES, FL 34638

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: PHILAGE, MELISA

New Registered Office Address: 6450 LAND O' LAKES BLVD

Enter Florida street address

LAND O' LAKES, Florida 34638
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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PHILAGE, MELISA	6450 LAND O' LAKES BLVD	<input type="checkbox"/> Add
		LAND O' LAKES, FL 34638	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MARRS, BENJAMIN	6450 LAND O' LAKES BLVD	<input checked="" type="checkbox"/> Add
		LAND O' LAKES, FL 34638	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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PLEASE KEEP THE REGISTERED AGENT NAME THE SAME, BUT CHANGE RA ADDRESS

PLEASE CHANGE ADDRESS OF FIRST AUTHORIZED MEMBER

PLEASE ADD SECOND AUTHORIZED MEMBER

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 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 December 17th, 2015.



Signature of a member or authorized representative of a member

MELISA PHILAGE

Typed or printed name of signee

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA