

L15 0000 33031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CLERK OF COURT

A. BUTLER

JAN 7 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

KØ3 ADVISORS 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:

ARTURO A. ROJAS

Name of Person

KØ3 ADVISORS LLC

Firm/Company

3124 PAOLA DR.

Address

MIAMI FL 33133

City/State and Zip Code

Armailbag@aol.com

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

For further information concerning this matter, please call:

ARTURO A. ROJAS

Name of Person

at (

305) 926-9094

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

KØ3 Advisors 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 3/11/2015 and assigned
Florida document number L15000033031

This amendment is submitted to amend the following:

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

TACTICAL ADVISORS LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

X Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

X Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

X **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

City, Florida

City

Zip Code

X **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

X

AMBR = Authorized Member

Case	Initial	Final	Change
1			<input type="checkbox"/> Add
2			<input type="checkbox"/> Remove
3			<input type="checkbox"/> Change
4			<input type="checkbox"/> Add
5			<input type="checkbox"/> Remove
6			<input type="checkbox"/> Change
7			<input type="checkbox"/> Add
8			<input type="checkbox"/> Remove
9			<input type="checkbox"/> Change
10			<input type="checkbox"/> Add
11			<input type="checkbox"/> Remove
12			<input type="checkbox"/> Change
13			<input type="checkbox"/> Add
14			<input type="checkbox"/> Remove
15			<input type="checkbox"/> Change

