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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H15000187389 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARY G STEWART CPA PA

Account Number : 120080000065 Phone : (941)258-3191 : (941)258-3192 Fax Number

**Enter the email address for this business entity to be used for forme annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEVIN KOEHLER IRA, LLC

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8/3/2015

AUG 0 4 2015

To: 18506176383 From: 19412583192 Date: 08/03/15 Time: 12:08 PM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF (((HIS 000 1873843)))

		•
KEVIN KOEHLER IRA, LLC		
(Name of the Limited Lia) (A Floi	bility Company as it now appears on our records.) rida Limited Liability Company)	_
e Articles of Organization for this Limited Liability rida document number £15000114596	Company were filed on JULY 8, 2015	and assigned
s amendment is submitted to amend the following:	•	
If amending name, <u>enter the new name of the li</u>		
new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
er new principal offices address, if applicable:		
incipal office address MUST BE A STREET AD	DRESS)	
ter new mailing address, if applicable:	**************************************	_
<u>ailing address MAY BE A POST OFFICE BOX)</u>		<u> </u>
	<u> </u>	
If amending the registered agent and/or registered agent and/or the new registered office ac		ter the name of th
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
,	, Florids	
, - -	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.

		<u></u>	
If Changing Registered A	gent, <u>Signature of N</u>	ew Begi	tered Agent
	,		
Page 1 of 3	15 d	హ	Services Witness
	18to	نث	
	13	\triangleright	

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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>	Name	Address	Type of Action
AMBR	ADVANTA IRA TRUST LLC F/B/O KEVIN KOCHIEV # 738761	4398 MEAGER CIRCLE	Add
		PORT CHARLOTTE, FL 33948	_ ■ Rеточе
			☐ Change
MGR KEVIN KOEHLER	KEVIN KOEHLER	4398 MEAGER CIRCLE	= Add
		PORT CHARLOTTE, FL 33948	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

To: 18506176383 From: 19412583192 Date: 08/03/15 Time: 12:08 PM Page: 04/04 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optionai) (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 AUGUST 3 2015 Signature of a member or authorized representative of a member (((H 15000 187380 Page 3 of 3 Filing Fee: \$25.00