15000151763

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COVER LETTER

	Astration Se ision of Cor		•		
C1186 112 Z PR	КОТА РА	RTNERS, LLC			
SUBJECT:		Show of Lim	nter! Liability Cor	Laui,	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for tiling	 	
Please return	all correspo	ondence concerning this matter	to the following		
		JACK ĞANDÖLFO			
			Name of I	erson	
		ZAXBYS		1	
			Firm/Con	prany	
		4200 NW FEDERAL HW	Y		
		·····	Addres	ie	
		JENSEN BEACH, FL 349	957		
			City/State and		
		RENATAL BOOKKEEPIN	•	DM ire annual report noti	<u></u>
Cor further is	afarmation c	oncerning this matter, please c		ire annuai report noti	neation)
		oncerning on smaller, piease c			
JACK GANDOLFO		908 at (309-4724		
	Name o	f Person	Area (Colle Daytim	e Telephone Number
Enclosed is a	refleck for th	ne following amount:			
≡ \$25,00 F	iling Fee	S30,00 Filing Fee & Certificate of Status	□ \$55,00 Fi Certified (additional		☐ \$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/COURT Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations roter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOTA PARTNERS, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	iany as it now appears on our reco Lability Company)	irds.)
The Articles of Organization for this Limited Liability Compan Florida document number L15000151763	imited Liability Company were filed on and assigned and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	villy company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SEC 18
		JA JA
		ASS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
		E OP!
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	tress
		Florida
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u> [
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic- company has been notified in writing of this change.	e performance of my duties, provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	g Authorized Person(s) authorized to n <u>f from our records</u> :	nanage, enter the title, name, and address	of each person being added
MGR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SPIRO LASKARIS	502 SE ASHLEY OAKSWAY	
		STUART, FL 34997	■ Remove
			☐ Change
MGR	RUSSELL SPANGLER	4200 NW FEDERAL HWY	
		JENSEN BEACH, FL 34957	□ Remove
			☐ Change
			□ Remove
			☐ Change
			Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change

If amending any other information, er	iter change(s) here:	Attach additional sheets, if necessary.)		
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Effective date, if other than the date of	f filing: 12/20/2017 ific and cannot be prior to	(optional) ate of filing or more than 90 days after filing.) Pure	suant to 605	5.0207
Note: If the date inserted in this block doe document's effective date on the Departme	s not meet the applicabl	statutory filing requirements, this date will	not be liste	ed as
he record specifies a delayed effec The 90th day after the record is		in effective time, at 12:01 a.m. on t	he earlie	er o f
Dated December 20 Signature	2017			
Som Ca	stans	of romanistics of a muchar		
SPIRO LASKARIS	re of a member of amboriz	Grepresentative of a member		
	Typed or printed (ame of signee	** ***	

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Filing Fee: \$25.00