L15000195040

(Re	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor	ction porations		
SUBJECT: KOKORO	US, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	TROY H. MYERS, JR.		
		Name of Person	
	ICARD, MERRILL, CULI	LIS, TIMM, FUREN & GINSBURG	G, PA.
		Firm/Company	
	2033 MAIN ST STE 600		
		Address	
	SARASOTA, FL 34237		
		City/State and Zip Code	
	TMYERS@ICARDMERRI		
	E-mail address: (i	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all;	
TROY H. MYERS, JR.		941 953-8110 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOKORO US, LLC		2 1.00 271 = 00 275 = 00
(Name of the Limi	ted Liability Company as it now ap (A Florida Limited Liability Compa	ppears on our records.)
The Articles of Organization for this Limited L	iability Company were filed or	NOVEMBER 18, 2015 and assigned assigned
Florida document number L15000195040	 .	TATE ORIDE
This amendment is submitted to amend the foll	owing:	<u>-</u>
A. If amending name, enter the new name o	f the limited liability compan	ıv here:
The new name must be distinguishable and contain the v	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered or	or registered office address	s on our records, enter the name of the new
Name of New Registered Agent:	STEPHEN PILEGGI	
New Registered Office Address:	16 S ORANGE AVENUE	
	Enter	r Florida street address
	SARASOTA	, Florida 34236
	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.

Il 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
MGR	TROY H. MYERS, JR.	2033 MAIN ST STE 600	
		SARASOTA, FL 34237	≅ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Change
			Remove Change
			Change .

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		(antional)
ctive date, if other than the date effective date is listed, the date must be s	specific and cannot be prior to date of filing or more t	(optional) than 90 days after filing.) Pursuant to 605.0
If the date inserted in this block of ment's effective date on the Depart	does not meet the applicable statutory filing re- tment of State's records.	equirements, this date will not be listed
ecord specifies a delayed eff se 90th day after the record	fective date, but not an effective time	e, at 12:01 a.m. on the earlier
e sour day after the record	is incu.	
d FEBRUARY 18	2016	
7/	· · · · · · · · · · · · · · · · · · ·	
11/2		
M/m/2	nature of a member or authorized representative of	a member
M/m/2 Sign	nature of a member or authorized representative of a	a member
Sign TROY H. MYERS, JR.		
•	nature of a member or authorized representative of a Typed or printed name of signee	HE CRETAR
•	Typed or printed name of signee	DIE HAR -4
•		BECRETARY ASSISTARY