

L16000028007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

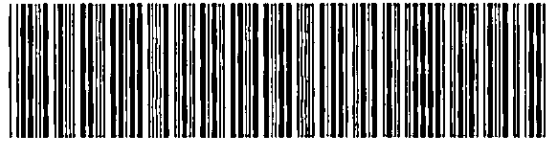
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wrong form

Office Use Only

663-6212-



900324063419

02/06/19 - 01009 - 013

\$35.00

FILED

2019 MAR 14 AM 11:07

CLERK OF COURT  
JANIS S. STELL

C. GOLDEN

MAR 16 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KORYENTE 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:

Felipe or Camille TORRES  
Name of Person

Koryente LLC  
Firm/Company

5809 Hidden Pine Lane  
Address

McKinney, TX 75070  
City/State and Zip Code

info@koryente.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felipe or  
Camille TORRES at (813) 395-2249  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: Original payment was made on 2/11/19,  
check 1106 for \$35.00

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Request  
a Refund

Claretha  
Golden

\$10.00

9 Refund

Takes  
2-8 wks.



~ ? - pay again?  
or when will I get  
my \$10 back b/c  
original fee was \$25.00  
~

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2019

FELIPE TORRES VALENTIN  
5809 HIDDEN PINE LANE  
MCKINNEY, TX 75070

(check 1106)

\$35.00

Cashed

2/11/2019

SUBJECT: KORYENTE LLC  
Ref. Number: L16000028007

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 919A00003063

RECEIVED

2019 MAR 14 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2019 MAR 14 AM 11:07

Koryente LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

CLERK OF CIRCUIT COURT  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 2/09/2016 and assigned  
Florida document number L16000028007.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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*

Florida

*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

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Camille Torres</u>	<u>5809 Hidden Pine Lane</u>	<input checked="" type="checkbox"/> Add
		<u>McKinney, TX 75070</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Camille Torres will now have 51%  
ownership of the company.

E. Effective date, if other than the date of filing: 2/20/2019 (optional)

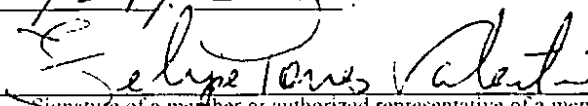
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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

2/24/2019

  
Signature of a member or authorized representative of a member

Felipe Torres Valentin

Typed or printed name of signee