

LL000197969

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(Business Entity Name)

(Document Number)

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2017 AUG 14 AM 10:34  
FALL RIVER, MA  
FALL RIVER, MA

AUG 15 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Koozies 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:

Benjamin Zabroske  
Name of Person  
Koozies LLC  
Firm/Company  
7932 Ulmerton Rd unit B  
Address  
Largo FL 33771  
City/State and Zip Code  
Koozies Pub @ yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Zabroske at (727) 688-9321  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <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 checked="" 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

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

Koozies 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 10-26-2016 and assigned  
Florida document number L16000197969.

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 "LLC."

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>mbr</u>   | <u>Anthony Luppino</u> | <u>6600 121<sup>st</sup> Ave N. # 9</u> | <input type="checkbox"/> Add               |
|              |                        | <u>Largo FL 33773</u>                   | <input checked="" type="checkbox"/> Remove |
|              |                        |   | <input type="checkbox"/> Change            |
| <u>mbr</u>   | <u>Jack Harrington</u> | <u>30725 US Highway 19 N</u>            | <input checked="" type="checkbox"/> Add    |
|              |                        | <u>#181 Palm Harbor FL</u>              | <input type="checkbox"/> Remove            |
|              |                        | <u>34684</u>                            | <input type="checkbox"/> Change            |
|              |                        |   | <input type="checkbox"/> Add               |
|              |                        |   | <input type="checkbox"/> Remove            |
|              |                        |   | <input type="checkbox"/> Change            |
|              |                        |   | <input type="checkbox"/> Add               |
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|              |                        |   | <input type="checkbox"/> Remove            |
|              |                        |   | <input type="checkbox"/> Change            |
|              |                        |   | <input type="checkbox"/> Add               |
|              |                        |   | <input type="checkbox"/> Remove            |
|              |                        |   | <input type="checkbox"/> Change            |

2009 AUG 14 10:33  
 TALLAHASSEE  
 30725 US Highway 19 N  
 #181 Palm Harbor FL  
 34684

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 8-11-2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

2017 AUG 14 AM 10:34  
TALLAHASSEE FL 32303