

18000157183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

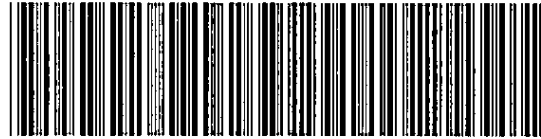
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200346077862

08/22/20--01020--011 *•35.00

DEPT. OF STATE
RECORDS SECTION

2020 SEP 14 AM 10:11

FILED

SEP 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MyKoa 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:

Taj-Jasna Casimir
Name of Person

Firm/Company

8201 Peters Road Suite 1000
Address

Plantation FL 33324
City/State and Zip Code

Contact @koabraids.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taj-Jasna Casimir at (786) 223-8568
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Mykoa 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 10/27/2018 and assigned Florida document number L1800015718.3

This amendment is submitted to amend the following:

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

Mykoa LLC

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**)

8201 Peters Road Suite 1000
Plantation FL 33324

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

8201 Peters Road
Suite 1000
Plantation FL 33324

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:

Taj-Jasna Casimir

New Registered Office Address:

8201 Peters Road Suite 1000

Enter Florida street address

Plantation Florida 33324

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.

Taj J Casimir

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>
MBR	Taj-Tasnu Casimir	8201 Peters Road	<input type="checkbox"/> Add
		Suite 1000	<input type="checkbox"/> Remove
		Plantation FL, 33324	<input checked="" 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

FILED
2020 SEP 14 AM 10:11
CLERK OF STATE
TALLAHASSEE, FL

2020 SEP 14 AM 10:11
U.S. DEPT. OF STATE
MAIL ADDRESS: FL

2020 SEP 14 AM 10:11
FLORIDA STATE
LABORATORY, FL

THIRD

(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: (b) The 90th day after the record is filed.

Dated Aug 31st 2020

Tal R. Coen
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Taj-Jasna CASIMIR
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00