

418 000 226 980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

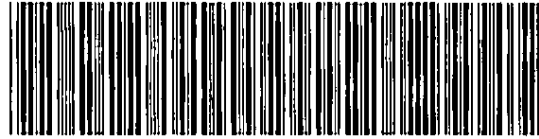
(Business Entity Name)

(Document Number)

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AND  
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2019 APR -5 PM 4:03

SECRETARY OF STATE  
111 LAUREL STREET  
DOVER, DE 19901

T.G.  
04/15/19



KOA RESTAURANTS LLC  
914 ADAMS STREET  
HOLLYWOOD, FL 33019  
(310) 904-8401

April 2, 2019

Registration Section  
FL Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Sir / Madam,

This is a request to change the name of Koa Poke 1201 NE 26<sup>th</sup> LLC to Koa Poke L2 LLC. All other information remains the same. Attached is a copy of the application and some supporting documents.

A request for a FEIN in the name of Koa Poke L2 LLC has already been approved and the FEIN is 83-4238525.

If you have any questions please contact me.

Sincerely,

Joseph Citrano

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AND  
FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KOA POKE L2 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:

Name of Person  
KOA RESTAURANTS LLC  
Firm/Company  
914 ADAMS STREET  
Address  
HOOLYWOOD, FL 33019  
City/State and Zip Code  
J. CITRANO @ KOARESTaurants.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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FILED

For further information concerning this matter, please call:

JOSEPH CITRANO at ( 310 ) 904-8401  
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**

KOA POKE 1201 NE 26<sup>th</sup> 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 September 24 2018 and assigned Florida document number L18000226980

This amendment is submitted to amend the following:

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

KOA POKE L2 LLC

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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>           |
|--------------|-------------|----------------|---------------------------------|
|              | N/A         |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
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|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |

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Clerk of Court  
Clerk of Court  
Clerk of Court  
Clerk of Court  
Clerk of Court

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-17-2011 BY 60322 UCBAW

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(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

4-2-2019

Signature of a member or authorized representative of a member

Joseph C. Trano  
Typed or printed name of signee

Typed or printed name of signee