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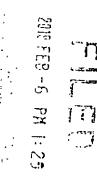
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COVER LETTER

SUD UZTI.	Kotuku Stuc	lios LLC					
SUBJECT:	•	Name of Limi	ited Liability Company				
The enclosed	I Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Mathew Henceroth					
			Name of Person				
		Kotuku Studios LLC					
			Firm/Company				
		226 Flamingo DR					
			Address				
		Sanford/FL, 32708					
			City/State and Zip Code		•	5019	
		E-mail address: (to be used for future annual report	notification)	·:·	8338	
For further i	nformation co	oncerning this matter, please ca	all:			5	1
Mathew Her	nceroth		440 371-5869 at ()		·	70 24	[]
	Name o	f Person	Area Code Day	rtime Telephone Number		1:25	i
Enclosed is	a check for th	ne following amount:					
≅ \$25,00 i	Filing Fee	☐ \$30.00 Filling Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fi Certifica Certified (additional	te of Sta Copy	tus &	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000271433	, , ,	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Kofuku Studios LLC		
The new name must be distinguishable and contain the words "L	limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a	• • • • • • • • • • • • • • • • • • • •	ter the name of the
Name of New Registered Agent:		77)
New Registered Office Address:	Enter Florida street address, Florida City	The same of the sa
	City	Zip Code
New Registered Agent's Signature, if changing Registe		.

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>	Name	Address	Type of Action
			D Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
		 ÷	□ Change
			☐ Change ☐ TAdd = = ☐ TRemove ☐ Change
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			Change
			Remove
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cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effect the 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
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January 21 A 2019	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00