

L19000 220 523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

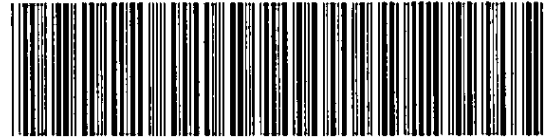
(Business Entity Name)

(Document Number)

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2020 SEP 14 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

SEP 15 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MyKoa Homes 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

Mykoainvest@gmail.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:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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 Homes 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 8/28/2019 and signed
Florida document number 19000220523

This amendment is submitted to amend the following:

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

MyKoa Homes 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 Casimir
If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE

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>
MGR	Taj-Jasna Casimir	8201 Peters Road	<input type="checkbox"/> Add
		Suite 1000	<input type="checkbox"/> Remove
		plantation FL 33324	<input checked="" type="checkbox"/> Change
MGR	Steve Turner	8201 Peters Road	<input type="checkbox"/> Add
		Suite 1000	<input type="checkbox"/> Remove
		Pantation FL 33324	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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DEPARTMENT OF STATE
TALLAHASSEE FL

E. Effective date, if other than the date of filing: _____ (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 8/31/20

Taj R Casimir
Signature of a member or authorized representative of a member

Taj-Tasna Casimir
Typed or printed name of signee