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COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Sec ivision of Corp		
SUBJECT		MPORT MANAGEMENT GR	COUP, LLC
SUBJECT	•	Name of Lim	ited Liability Company
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.
Please retu	rn all correspoi	ndence concerning this matter	to the following:
		AXEL GONZALEZ	
			Name of Person
		BUSINESS FLORIDA SO	LUTIONS LLC
			Firm/Company
		3403 NW 82ND AVE SUI	TE 330
			Address
		DORAL, FLORIDA 33122	2-1063
		 	City/State and Zip Code
		SUPPORT@ADVISORSFL	
		E-mail address: (i	o be used for future annual report notification)
For further	information co	oncerning this matter, please ca	ili:
AXEL GO	NZALEZ		305 712.1040 EXT 200
	Name of	Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	e following amount:	
≣ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
	ailing Address		Street Address: Pagistration Section
	egistration S ivision of Co		Registration Section Division of Corporations
	O. Box 632		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

ARTICLES OF AMENDMENT
TO ARTICLES OF ORGANIZATION . き
OF E
GLOBAL IMPORT MANAGEMENT GROUP, LLC
ARTICLES OF ORGANIZATION OF GLOBAL IMPORT MANAGEMENT GROUP, 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 02/04/2020 and assigned
Florida document number 1.20000040991
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
KOI MANAGEMENT GROUP 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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
THE THE POST OF THE BOX
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe 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 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

Title	<u>Name</u>	Address	Type of Action
			Remove
			□ Change
			□Ađd
			□Remove
			□Change
			□Add
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			□ Add
			□Remove
			□Change

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activa	date, if other than the date of filing: (optional)	
i effecti	we 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 605.0	020
	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.	d as
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
s filed.		
ted	04/12, <u>2022</u>	
	7	
	Signature of a member or authorized representative of a member	٠.٢
	Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member Signature of a member	