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(Re	equestor's Name)			
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SALLA ASSESSE

May 11, 2021

KODJA SCHELTE 11535 CEDAR VALLEY LN RIVERVIEW, FL 33569

SUBJECT: KODJA SCHELTE REAL ESTATE LLC

Ref. Number: L20000054139

We have received your document for KODJA SCHELTE REAL ESTATE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 421A00009774

COVER LETTER

TO:

Registration Section
Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Division of Corporations		
SUBJECT: Kodja Sche	Le Real Estate e of Limited Liability Company	LLC
The enclosed Articles of Amendment and fee(s)	are submitted for filling.	
Please return all correspondence concerning this	matter to the following:	
Kodje	a Schule Name of Person	
Kodja	Schelle Real Est	tate
11535	Cedar Valley L	Ω
Rivervit	City/State and Zip Code	
	ddress: (to be used for future annual report noti	fication)
For further information concerning this matter, p	please call:	
Kodja Schelte Name of Person	at (S13) 1079 - Area Code Daytim	e Telephone Number
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 Filing Fee Certificate of St		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	

Registration Section

Division of Corporations

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number L2000054139 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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: New Registered Office Address:

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.

f 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>	Address	Type of Action
AMBR	Robert Brian Schelle	2350 ESRLO Stels	∑ □Add
		Valrico, FL 33594	ÆRemove
			Change
			□Add
		1	□Remove
			□Change
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