L20000054139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2021 MAY 27 P 12:31

5/27/21

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 MAY 24 PM 2:26
TALLAHASSEE, FL

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

SUBJECT: Kodja Schelte Real Estate 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:

Kodja Schelte
Name of Person

Kodja Schelte Real Estate
Firm/Company

11535 Cedar Valley Ln
Address

Riverview, FL 33569
City/State and Zip Code

Kschelte@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kodja Schelte at (813) 679-1931
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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Kodja Schelte Real Estate 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 _____ and assigned Florida document number L20000054139

This amendment is submitted to amend the following:

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

Kodja Schelte Realtor 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) _____

_____

2021 APR 21 PM 12:31

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: Kodja Schelte

New Registered Office Address: 11535 Cedar Valley Dr.
Enter Florida street address

Riverview, **Florida** 33569
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.

Kodja Schelte
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	Name	Address	Type of Action
AMBR	Robert Brian Schelle	2350 E SR 60 Ste 150	☐ Add
		Valrico, FL 33594	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change