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COVER LETTER

	gistration Se vision of Cor				
CHDICAT.	THE KOST	ENS LLC			
SUBJECT: Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please return	n all correspo	ondence concerning this matter	to the following:		
		Alexander S. Kosten			
			Name of Person		
		THE KOSTENS LLC			
Firm/Company					
		6899 Cocoplum St.			
			Address		
		Naples, FL 34114			
			City/State and Zip Code		
		akosten95@gmail.com	to be used for future annual report noti:	C.n.time)	
For further i	information c	encerning this matter, please c		псани	
Alexander S		o p	239 450-4150		
		of Person	at (e Telephone Number	
Enclosed is	a check for th	he 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)	
<u>M:</u>	ailing Addres	<u>is:</u>	Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations			
1)1	vision of C	corporations	Division of Cor	porations	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

THE KOSTENS LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on September 30, 2021	and assigned
Florida document number 1.21000429096	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne of the new regis
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 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>	<u>Name</u>	Address Fall Co. 20 has 6: 40	Type of Action
President	Alexander S. Kosten	6899 Cocoplum St.	= Add
		Naples, FL 34114	□Remove
			□ Change
AR Jeffrey S Kosten	Jeffrey S Kosten	6899 Cocoplum St.	□Add
		Naples, FL 34114	Remove
			□ Change
AR Sally M Kosten	Sally M Kosten	6899 Cocoplum St.	□Add
		Naples, F1. 34114	
			□Change
AR Ashley M Kosten	Ashley M Kosten	6899 Cocoplum St.	🗆 Add
		Naples, FL 34114	≡ Remove
			□Change
			□Add
		□Remove	
			Change
			□Add
			□Remove
			□Change

Typed or printed name of signee