## L22 (CCO 158225

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2022 JUN - 7 AM 11: 20

## **COVER LETTER**

Div	ision of Corpo	rations			
SUBJECT:	Kakoulou Tra				
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	l Articles of An	nendment and fec(s) are sub	mitted for filing.		
		ence concerning this matter	•		
		James Eyma			
			Name of Person		
			Firm/Company	<del></del>	
		408 NW 68th Ave #206			
			Address		
		Plantation FL 33317			
			City/State and Zip Code		
		jamesromeyma@yahoo.com			
		E-mail address: (	to be used for future annual	report notification)	<del></del>
For further in	nformation con	cerning this matter, please ca	all:		
James Eyma	1			7-8767	
	Name of Po	erson	at () Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
<b>■ \$25.00 F</b>	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	iling Address:		Street A	ddress:	

Registration Section Division of Corporations

TO:

**Registration Section** 

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 ARTICLES OF ORGANIZATION **OF**

FILED

Kakoulou trading LLC

2022 JUN -7 AM 11: 26

(Name of the Limited Liability Com	pany as it now appears on our	records.
(Name of the Limited Liability Com (A Florida Limite	o maonity Company)	TALEAHASSEE, FI
The Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{04/20/2022}{}$	and assigned
Florida document number L22000188225		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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 offic agent and/or the new registered office address here:	e address on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		[Planida
<del></del>	City	, Florida
New Registered Agent's Signature, if changing Registered Ager	<u>1t:</u>	

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 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>	Type of Action
AMBR	James Eyma	408 NW 68th Ave #206 Plantation FL 33317	<b>=</b> Add
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cord specifies a delayed effective d	ate, but not an effective	time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after t
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