## L22000301823

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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## **COVER LETTER**

TO: Registration So Division of Cor			
Koka leagu	ie LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Filing Michaell)		
		Name of Person	<del></del>
	ZenBusiness Inc.		
		Firm/Company	
	336 E College Ave, Ste 30	) !	
		Address	*-1 ; ;
	Tallahassee, FL 32301		; ;
		City/State and Zip Code	(5)
	fulfillment@zenbusiness.co	om to be used for future annual report noti	
For further information of	e-mail address: (	·	incarron)
Filing MichaelD c/o Zer	nBusiness Inc.	844 493-6249 at ()	<u>ර</u>
Name o	of Person		e Telephone Number
Enclosed is a check for t	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)
Mailing Addres Registration		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Koka league LLC	
( <u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Cor	v appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed florida document number 1.22000301823	on 07/06/2022 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability comp	pany here:
Home and Away league LLC	
he new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
•	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	(%)
Mailing address MAY BE A POST OFFICE BOX)	- <del> </del>
B. If amending the registered agent and/or registered office address or	our records enter the name of the new register
gent and/or the new registered office address here:	
	σ,
Name of New Registered Agent:	
New Registered Office Address:	
	nter Florida street address
	, Florida
(in)	

## 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 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
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Tective date, if other than the neffective date is listed, the date must be a lift the date inserted in this blument's effective date on the D	lock does not meet the applicable statutory	(optional)  ng or more than 90 days after filing.) Pursuant to 605.02  y filing requirements, this date will not be listed
ecord specifies a delayed effectiv is filed.	re date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after th
	2023	
January 16		
/s/ SCOTT CO		ntative of a member