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COVER LETTER

TO:

TO: Registration So Division of Cor			
KOOGLER	R HOMEŞ, LLC		
SUBJECT;		ited Liability Company	· · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stephania Silva		
		Name of Person	
	Denali Law Group, PA		
	-	Firm/Company	
	12600 World Plaza Ln #63	3	
		Address	
	Fort Myers, FL 33909		
	4	City/State and Zip Code	
	silva@denalilawfl.com		1.W
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Stephania Silva		239 887-4276 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 S		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of	Fallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION FILED **OF**

('.)

KOOGLER HOMES, LLC

2022 SEP 28 PH 2: 49

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears of Liability Company)	n our records) VIII	
The Articles of Organization for this Limited Liability Company Florida document number L22000400184	were filed on $\frac{09/13}{}$	/2022 	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	<u></u>
(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 agent and/or the new registered office address here: Name of New Registered Agent:		ords, <u>enter the name</u>	
New Registered Office Address:			
	Enter Florida	street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	-		THE SOLIC
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this cap performance of my provided for in Cha	eduties, and I am fa opter 605, F.S. Or, if	miliar with and this document is

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

-			-					
A	Μ	BR	= ,	Auth	orizec	i M	lem	ber

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Venture Holdings of Florida LLC	1017 SE 10TH STCAPE CORAL, FL 33990	□Add
			□Remove
			= Change
<u>.</u>			□Add
			Remove
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	·		□Add
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