

L22000466840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

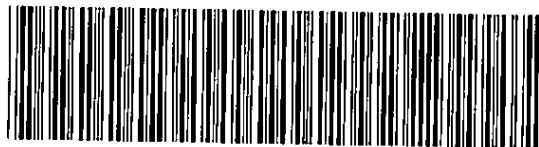
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700419949417

FILED

2024 JAN 10 AM 10:06

STATE  
TALLAHASSEE, FL

RECEIVED

2024 JAN 10 AM 11:37

RECORDS & COMM. DIV.  
101 N. GADSDEN ST.  
TALLAHASSEE, FL 32304

AB



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations  
From: Eyliena Baker  
Ext: 61594  
Date: 01/10/24  
Order #: 1385015-2  
Re: Koze Shake, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find: \_\_\_\_\_

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
I20000000195 Authorization:

Please take the following action:  
File in your office on basis  
Issue Proof of Filing

A handwritten signature in black ink, appearing to read 'Eyliena Baker', is written over a horizontal line.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Koze Shake, 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:

Russell Pontone

\_\_\_\_\_  
Name of Person

Koze Shake, LLC

\_\_\_\_\_  
Firm/Company

12582 Willslatter Avenue

\_\_\_\_\_  
Address

Orlando, Florida 32827

\_\_\_\_\_  
City/State and Zip Code

russell@kozeshake.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russell Pontone

917 684-1081  
at ( )

\_\_\_\_\_  
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  
Tallahassee, FL 32314

**Street Address:**

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**

Koze Shake, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**

2024 JAN 10 AM 10:06

The Articles of Organization for this Limited Liability Company were filed on 10/31/2022  
Florida document number 1.22000466840

and assigned  
STATE  
FILE

This amendment is submitted to amend the following:

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

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:**

12582 Willslatter Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando-Florida-32827

**Enter new mailing address, if applicable:**

12582 Willslatter Avenue

**(Mailing address MAY BE A POST OFFICE BOX)**

Orlando, Florida 32827

**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:

Russell Pontone

New Registered Office Address:

12582 Willslatter Avenue

*Enter Florida street address*

Orlando

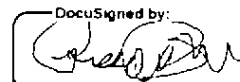
*City*

Florida 32827

*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.*

DocuSigned by:  


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>	<u>Address</u>	<u>Type of Action</u>
MGR	Russell Pontone	12582 Willslatter Avenue	<input type="checkbox"/> Add
		Orlando, Florida 32827	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

Typed or printed name of signee