L23000043708

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Ousiness Entity Name)
(Document Number)
Certified Copies Certificates of Status

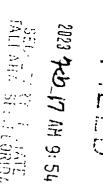
Special Instructions to Filing Officer:

Office Use Only



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A. RIVERS JUN 2 4 2023

COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT:	KOUTSONIKE	ES RANCH LLC.	
<u></u>	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	united for filing	
		•	
Please return all correspo	ondence concerning this matter	to the following:	
	K0075	ONIKAS, ANTHON	Υ
		Firm/Company	
	9009 . Du	STY LN .	
		Address	
	NEW PORT P	City/State and Zip Code	55.
	1,9	City/State and Zip Code	
		17 . C	
		to be used for future annual report notifi	cation)
For further information c	concerning this matter, please c	all:	
ANTHONY	KOUTSONIKAS	at (727) 919 Area Code Daytime	5067.
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7007 501190	
(<u>Nume of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000043708</u> .	were filed on OI/24/2023. and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
KOUTSONIKAS RANCH The new name must be distinguishable and contain the words "Limited Liabili	, LLC.
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MEW PORT RICHEY FL 34655.
(Principal office address MUST BE A STREET ADDRESS)	NEW PORT RICHEY FL 34655
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9009 DUSTY LANE . NEW PORT RICHEY FL 34655
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the in registered
Name of New Registered Agent:	YA MICHELE COUTARD INCU SW 128 TO CH Ste: 到5年
New Registered Office Address: 1215 S	5W 128 ID C+ Ste! 2552 Enter Florida street address
Mio	Florida 33186 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 amenoing 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
			□Add
			□Remove
			[]Change
			□Remove
			🗆 🗀 Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change
		□Add	
			□Remove
		Change	
			□ Add
			□Remove
			[](]hanaa

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· 	
(If an effective Note: If the	date, if other than the date of filing:
he record sp ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>C</u>	Signature of a member or authorized representative of a member
	Sorrya Coutary Typed or printed name of signee

Filing Fee: \$25.00



April 19, 2023

ANTHONY KOUTSONIKAS 9009 DUSTY LN. NEW PORT RICHEY, FL 34655

SUBJECT: KOUTSONIKES RANCH, LLC

Ref. Number: L23000043708

We have received your document for KOUTSONIKES RANCH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Letter Number: 123A00008783

Alecia Rivers Regulatory Specialist III

www.sunbiz.org