

L23000118991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

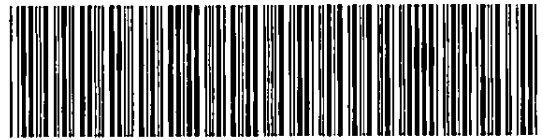
(Business Entity Name)

(Document Number)

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JUL 20 2022 01:01:15 -- 006 -- \$425.00

2023 MAY 12 12:25

S. ROBERTS

MAY 13 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KO-Host management group  
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:

Kaitlin Garza  
Name of Person

KO-Host management group  
Firm/Company

700 S. Rosemary Ave. Suite 204 #2007  
Address

West Palm Beach, FL 33401  
City/State and Zip Code

kaitlin@ko-host.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaitlin Garza at (561) 223 0000  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## Ko-Host Management Group

**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>
CEO	Kaitlin Garza	700 S. Rosemary ave.	<input checked="" type="checkbox"/> Add
		suite 204 #2007	<input type="checkbox"/> Remove
		West Palm Beach, Fl. 33401	<input type="checkbox"/> Change
AMBR	Lajarius Stubbs	700 S. Rosemary ave.	<input checked="" type="checkbox"/> Add
		suite 204 #2007	<input type="checkbox"/> Remove
		West Palm Beach, Fl. 33401	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated March 23rd 2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kaitiin Ganza

Typed or printed name of signee