

L23000156003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

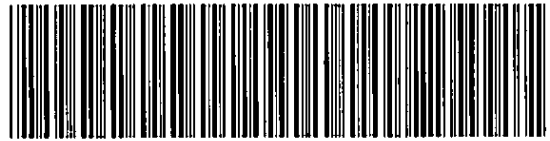
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Incorrect Form

Office Use Only



900404495649

2023 APR 11 PM 1:25

04/11/23--01002--015 **25.00



FLORIDA

NOTARY

2023 APR 11 AM 9:42

NOTARY

28 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KOSROS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IVAN BRAVO
Name of Person

RED SQUARE ACCOUNTING & TAX
Firm/Company

6052 TURKE LAKE ROAD, SUITE 144
Address

ORLANDO, FLORIDA 32819
City/State and Zip Code

INFO@REDSQUARETAX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IVAN BRAVO at (407) 717 8150
Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

10

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

2023 APR 11 PM 1:25

FIRST: The name of the limited liability company is: KOSROS LLC

SECOND: The Florida Document number of the limited liability company is: L23000156003

THIRD: Document to be corrected is: Articles of Organization, Article V, Electronic Signature

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ELECTRONIC SIGNATURE: ANGELINA NOEVA IS INCORRECT.

THE CORRECT STATEMENT IS THE FOLLOWING:

ELECTRONIC SIGNATURE: KONSTANTIN AVERKIN

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

Supporting Letter

Dear Division of Corporation Officer,

I would like to have fixed the "signature of member or an authorized representative from Angelina Noeva" to be change to AVERKIN KOSTANTIN. As shown below.

Article IV

The name and address of persons authorized to manage LLC:

Title: AMBR
KONSTANTIN AVERKIN
7501 SUN KEY BLVD APT 2528
WINTER PARK, FL 32792 US

L23000156003
FILED 8:00 AM
March 28, 2023
Sec. Of State
jgharris

Article V

The effective date for this Limited Liability Company shall be:

03/28/2023

Signature of member or an authorized representative

Electronic Signature: ANGELINA NOEVA

→ CHANGE BY "KOSTANTIN AVERKIN"

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

Thank you in advance.

Angelina Noeva.





FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2023

IVAN BRAVO
6052 TURKEY LAKE ROAD #144
ORLANDO, FL 32819

SUBJECT: KOSROS LLC
Ref. Number: L23000156003

We have received your document for KOSROS 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):

Please complete the Articles of Correction form, and return it our office.

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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 623A00008170

