

L23 000 163 723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

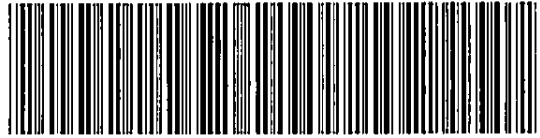
(Business Entity Name)

(Document Number)

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2023 APR 24 AM 10:55
SECRETARY OF STATE
FALLS CHURCH, VA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Koba 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:

Akob Akopyan
Name of Person

Koba LLC
Firm/Company

11820 Sunburst Marble Rd
Address

Riverview, FL 33579
City/State and Zip Code

hakob4ik@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Akob Akopyan at (941) 5578858
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FL

KOBA LLC

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>
AMBR	BOGDAN NALIVAICO	7709 Douglas Ave SE	<input checked="" type="checkbox"/> Add
		Shoquahmie, WA	<input type="checkbox"/> Remove
		98065	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2003 APR 21 AM 10:56
SECRETARY OF DEFENSE
TALLAHASSEE, FLORIDA

2023 APR 24 AM 10:55
SECRETARY OF DEFENSE
ITAL AIR FORCE

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April, 19th, 2023

WTTT

Signature of a member or authorized representative of a member

Akob Akopyan

Typed or printed name of signee

Filing Fee: \$25.00