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(Re	equestor's Name)	
(Ác	ddress)	
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(Ci	ty/State/Zip/Phone #))
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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04/24/23--01026--006 **25.00



COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Koba LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Akob	Alopyan Name of Person	
	Koba	11.C	
		Firm/Company	
	11820	Simburst Man Address	ble Rd
	Rivervieu) FL 33579 City/State and Zip Code	3
	E-mail address: (ik @ gradil . cc	SEL STATE OF THE SELECTION OF THE SELECT
For further information	concerning this matter, please concerning the please concerning this matter, please concerning the please	all:	
Akob	Akopyau	at (941) 50	5578858 5
Name	of Person	at (941) Day	time 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration: Division of C The Centre o 2415 N. Mon Tallahassee,	Section Corporations f Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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VOO A

<u> </u>			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co.	mpany were filed onO\	1/03/2023	and assigned
Florida document number <u>L23000163723</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			.
(Principal office address MUST BE A STREET ADDRE	ESS)		23
	<u></u>	<u> </u>	<u> </u>
			र्नेति २०
Enter new mailing address, if applicable:			2
(Mailing address MAY BE A POST OFFICE BOX)	 	(n) (n)	Ten
(Manually address MAT BE A FOST OFFICE BOA)			- 111
	 ·		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, enter the name of	the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	street address	
4		, Florida	·
	City	2	Lip 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 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>	Name	Address	Type of Action
AMBR	BOGDAN NALIVAIKO	7709 Douglas Ave SE	_ NAdd
		2709 Douglas AVESE, Snoqualnie, WA	_ □Remove
		98065	_ 🗆 Change
			_ 🗆 Add
			_ 🗆 Remove
		S CREWA	Change
		<u> </u>	_ □Remove □Change
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	date, if other than the dat	te of filing:	:			(optional)	_	
ffective	re date is listed, the date must be ne date inserted in this block	does not me	eet the applica	o date of filing o ible statutory fi	r more than 90 da ling requiremen	ys after filing.) its, this date v	Pursuant vill not	to 605.020 be listed as
an effectiv Sote: If th		ament of St	ate s records.					
fan effectiv <u>Vote:</u> If th	s effective date on the Depar							
fan effectiv Note: If the locument' record sp		ite, but not a	an effective tin	ne, at 12:01 a.r	n. on the earlie	rof:(b) The	90th đạ	y after the
fan effectiv Note: If the locument' record sp d is filed.	s effective date on the Depar ecifies a delayed effective da				n. on the carlie	rof:(b) The	: 90th đa	ny after the
fan effectiv Note: If the document' e record sp ed is filed.	s effective date on the Deparecifies a delayed effective da	h,	2023 Mille	_: TO	n. on the earlie	rof:(b) The	90th da	ay after the