## 123000297013

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: KOE LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Ricardo Ivan Montoya Valero	
Firm/Company	
11028 Grande Pines Cir	
DRLANDO FL  City/State and Zip Code	
Hoe. USO 07 @ Gmail.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Picado Montoya == 32821 3125397179	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

. :

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

16. ...

(Name of the Limited Liability Comp	PH	1.00
(A Florida Limited	1V as it now appears on our records.) Hability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23000297013</u> .	were filed on $\frac{A_{11}A_{11}A_{23}}{\text{Jone 15}}$	;; ind assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liab	ty Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(maning data con man new man n		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>enter the name of t</u>	he new registered
agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>enter the name of t</u>	he new registered
agent and/or the new registered office address here:	Enter Florida street address	he new registered
agent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida street address , Florida	
agent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida street address , Florida	he new registered

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>	Address	Type of Action
MGR	Ricardo Ivan Mariaya	17028 Grande Pines Cir	<b>=</b> Add
			□Remove
			ClChange
MGR	Ternardo Chacin	11028 Grande Pines Cr	<b>=</b> Add
		□Remove	
			□Change
	<del>-</del>		□Add
			□Remove
			Change
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			🗆 Remove
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			□Remove
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
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-	
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(If an effective Note: If the	date, if other than the date of filing:
he record sp ord is filed.	secifies 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	Jugust 04 2023
	Signature of a member or authorized representative of a member
	Ricardo Ivan HonToya. Valero

. . . .

Filing Fee: \$25.00