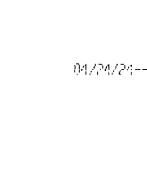
L24000036287

(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:					
Umis					

Office Use Only





000428384820

04/24/24--01016--004 **:50.00



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:	KOLEEKA HOLDINGS LLC Name of Limited Liability Company				
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.				
Please return all c	orrespondence concerning this matter to the following:				
	Paul Cullica Name of Person				
	Name of Person				
	Firm/Company				
	221 MANNEL CT Address				
	City/State and Zip Code ALTOVEES @ AOL. COM E-mail address: (to be used for future annual report notification)				
For further inform	nation concerning this matter, please call:				
<u>Pau</u>	Name of Person at (917) 279-3476 Area Code Daytime Telephone Number				
Enclosed is a chec	ck for the following amount:				
☐ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on <u>JAN 18 2024</u> and assigned Florida document number <u>L 240000 36287</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "I.I.C" or the abbreviation "I.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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Name</u>	Address	Type of Action
no back AR	Julian Collica	221 MANUEL CT	□Add
		St Augustine FL 32095	KRemove
			□ Change
AR	Mena GUICA	221 mANUEL (+	□ Add
		221 mANUEL C+ St Augustike FL 32095	Kemove
	`		□Change
<u>AR</u>	TREY GLLICA	221 MANUEL CT	□Add
		St Augustial FL 32095	Remove
		<u></u>	Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			Change
			🗆 Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) document's effective date on the Department of State's records.

E. Effective date, if other than the date of filing: APRIL (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 If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Filing Fee: \$25.00