

**L240001614703**

Florida Department of State  
Division of Corporations  
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H240001614703ABCZ

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CKO CONSULTING AND TAX SERVICES LLC  
Account Number : I20220000100  
Phone : (321)366-0510  
Fax Number : (321)366-0511

\*\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2024 MAY - 3  
File# 10

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALOHA ENTERPRISES & PARTICIPATIONS LLC**

Certificate of Status	0
Certified Copy	0
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MAY 06 2024

Page: 19 05/3/2024 10:17 AM TO:18506176383 FROM:3213660511  
**COVER LETTER** *H240001614703*

**TO:** **Registration Section**  
**Division of Corporations**

**ALOHA ENTERPRISES & PARTICIPATIONS LLC**  
**SUBJECT:** \_\_\_\_\_  
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:

CRISTIANE OLIVEIRA SILVA

\_\_\_\_\_  
Name of Person

CKO CONSULTING AND TAX SERVICES LLC

\_\_\_\_\_  
Firm/Company

7065 WESTPOINTE BLVD STE 303

\_\_\_\_\_  
Address

ORLANDO - FL - 32835

\_\_\_\_\_  
City/State and Zip Code

CEO@CKOACCOUNTINGSERVICES.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTIANE OLIVEIRA SILVA

321 366 0510

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_  
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)
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**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

*H240001614703 ABC2*

**ARTICLES OF AMENDMENT** #240001614703  
**TO** \*  
**ARTICLES OF ORGANIZATION**  
**OF**

ALOHA ENTERPRISES & PARTICIPATIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/24/2024 and assigned Florida document number L24000192582.

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 "LLC" or the abbreviation "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)

**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:

NELMA BUSINESS GROUP USA LLC

New Registered Office Address:

2295 S. HIAWASSEE RD STE 104

*Enter Florida street address*

ORLANDO

, Florida

32835

*City*

*Zip 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.*

*Marco P. Corcilio*  
If Changing Registered Agent, Signature of New Registered Agent

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

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.

Dated MAY 2nd 2024

Eric Douglas Martins Fidelis  
Signature of a member or authorized representative of a member

ERIC DOUGLAS MARTIN'S *EIDELIS*

Typed or printed name of signer

1134 2001/6/16/47.23 2001/6/16/47.23 2001/6/16/47.23

Filing Fee: \$25.00