

# M14000002717

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

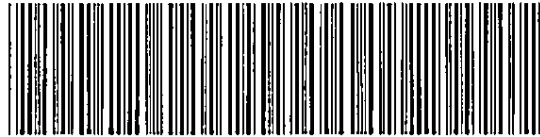
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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FILED  
2020 MAR -9 AM 11:27  
SECTION 1400  
TAMPA FL

O SIMMONS

MAR 16 2020

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

**RESUBMIT**  
Please give original  
submission date as file date.

ACCOUNT NO. : I20000000195  
REFERENCE : 205221 8894A  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 30.00

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ORDER DATE : March 6, 2020  
ORDER TIME : 12:59 PM  
ORDER NO. : 205221-010  
CUSTOMER NO: 8894A

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FOREIGN FILINGS

NAME: KOHEN & CO., LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2020

CSC

SUBJECT: KOHEN & CO., LLC  
Ref. Number: M14000002717

We have received your document for KOHEN & CO., LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 620A00005237

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KOHEN & CO., LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VIVIAN JAIME, ESQ.

Name of Person

RITTER ZARETSKY LIEBER & JAIME LLP

Firm/Company

2800 BISCAYNE BLVD., SUITE 500

Address

MIAMI, FLORIDA 33137

City/State and Zip Code

VIVIAN@RZLLAW.COM

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

For further information concerning this matter, please call:

VIVIAN JAIME, ESQ.

at (305)

372-0933

Name of Person

Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DELAWARE

Enter new principal office address, if applicable: 5327 SW 57 TERRACE

(Principal office address  
MUST BE A STREET ADDRESS)

GAINESVILLE, FLORIDA 32608

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14000002717

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 04/21/2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: RITTER ZARETSKY LIEBER & JAIME LLP

New Registered Office Address: 2800 BISCAYNE BLVD., SUITE 500

*Enter Florida Street Address*

MIAMI

*City*

Florida

33137

*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.*

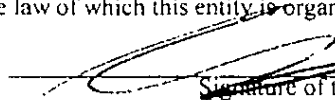
*[Signature]*  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Kohen E CO. Holdings,</u> <u>LLC</u>	<u>5327 SW 57 Terrace</u> <u>Gainesville, FL 32608</u>	<input checked="" type="checkbox"/> Add/change Address
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

ELAD KOHEN

\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00