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## **COVER LETTER**

FO: Registration Section Division of Corporation	ons		
вивјест: Нај	Hauss L Name of Limite	ed Liability Company	
The enclosed Articles of Amend	ment and fee(s) are subm	nitted for filing.	
Please return all correspondence	concerning this matter to	the following:	
	Daniel	le Funaro	<del></del>
	- -	Name of Person	
		Firm/Company	
<u> </u>	1900 Sur	VINLEY JAKE Grove	25 St.
hightharpoonset	linter gard	City/State and Zip Code  Cay+ansegmail be used for future annual report notifical	7
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or further information concerni	ng this matter, please cal	1:	
Janielle Fur Name of Person	naro	at (407) 2700 Area Code Daytime Te	320 Elephone Number
osed is a check for the follo	wing amount:		
325.00 Filing Fee  S S	30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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**

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(Name of the Limited Liability Comp (A Florida Limited	2020 HAY 21 PM 6: 06 any as it now appears on our records.) Liability Company)  IALLAHASSEE, FLUIT  IALLAHASSEE, FLUIT				
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000123241</u> .	1 1				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial					
COCO 910 LLC The new name must be distinguishable and contain the words "Limited Liab	Him Company "the decimation "I I C" up the abbouriation "I I C"				
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	99010 Summerlake groves St Wintergarden, Fl 34787				
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE BOX</u> )	9900 Summeriake groves St Winter garden, FI 34787				
If amending the registered agent and/or registered office nt and/or the new registered office address here:	address on our records, enter the name of the new registered				
Name of New Registered Agent:					
New Registered Office Address: 9900	SUMMERIAKE GOVES St.				
Winter	Summeriake groves St.  Enter Florida street address  Garden Florida 34787  Zip Code				
egistered Agent's Signature, if changing Registered Agent	1				

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the  $ec{\cdot}$ ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is led to merely reflect a change in the registered office address. I hereby confirm that the limited liability y has been notified in writing of this change.

	lanager Authorized Member		
:	Name	Address	Type of Action
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			□Remove
			□Change
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in effective date is <a href="https://doi.org/10.160/j.jec-10.160">https://doi.org/10.160</a> . If the date is	other than the d listed, the date must be userted in this bloc	e specific and k does not n	l cannot be prior to neet the applical		more than 90 days		
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cord specifies a	delayed effective (	date, but not	an effective tim	ie, at 12:01 a.m	, on the earlier o	of: (b) The 90th	day after the
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