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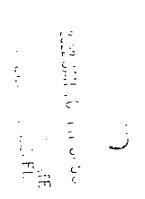
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
Coco Plum	1808 Opportunity, LLC		
SUBJECT:			
	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Urania Vargas		
	The second secon		
		Name of Person	
	Coco Plum 808 Opportuni	ty, LLC	
		Firm/Company	
	12191 W. Linebaugh #313	, ,	
		·	-
	Tampa FL 33626	Address	
	carmen2021@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report i	notification)
For further information of	concerning this matter, please c	all:	
Urania Vargas		813 484-1254	
		at ()	time Telephone Number
Name e	of Person	Area Code Day	time Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Fitting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed:
Mailing Addres		Street Address:	
Registration S Division of C		Registration S	
P.O. Box 632		Division of C The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coco Plum 808 Opportunity, LLC	2022.1211
(Name of the Limited Liability C	Company as it now appears on our records.) mited Liability Company)
(A) TOTICE LA	[F
The Articles of Organization for this Limited Liability Con-	opany were filed on 12-10-2021-10 (12-12-2021) and assigned
Florida document number 1.21000522217	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
University 8, LLC	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	SS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new register
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	Enter Florida street address
	Elonida
	Florida

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

Title	Name	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			☐ Change
•			□Add
			Remove
			□ Change
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			□Change

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		1-06-2022			
ective date, if other than the effective date is listed, the date in	e date of filing:	not be prior to data.	C (Tillings of any other)	(optional)	
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