Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000234154 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 : (305)371-5758 Fax Number : (305)371-3178

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

MHasner@TherrelBaisden.com Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COCOPLUM SLIP 03, LLC

Certificate of Status	0
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From: Mario

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Page: 2 of 5

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COVER LETTER

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cup incer.		JM SLIP 03, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retun	n all correspo	ondence concerning this matter	to the following:	
		MARK M. HASNER, ESC	Σ.	
			Name of Person	
		THERREL BAISDEN, LL	.P	
			Firm/Company	
		1 SE 3rd AVENUE, SUIT	E 2950	
			Address	
		MIAMI, FLORIDA 33131		
			City/State and Zip Code	
		MHASNER@THERRELB		
			to be used for future annual report not	incarion)
For further i	information c	oncerning this matter, please c	au:	
MARK M.	HASNER		305 371-5758 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	he following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	niling Addres		<u>Street Address:</u> Registration Se	
ъ.			Division of Co.	mamtions

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

H2400023441543

ARTICLES OF C	DRGANIZATION F
COCOPLUM SLIP 03, LLC (Name of the Limited Liability Compa (A Florida Limited I	or as it now appears on our records.) Liability Company) were filed on JUNE 14, 2024 and assigned
The Articles of Organization for this Limited Liability Company Florida document number 1.24000269884	were filed on JUNE 14, 2024 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	550 BILTMORE WAY #1110
(Principal office address MUST BE A STREET ADDRESS)	CORAL GABLES, FL 33134
Enter new mailing address, if applicable:	550 BILTMORE WAY #1110
(Mailing address MAY BE A POST OFFICE BOX)	CORAL GABLES, FL 33134
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registered Enter Florida street address
	, Florida 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Fror	n:M	larto

Fax: +13059612869

Ta:

Fax: +18506176383

Page: 4 of 5

07/10/2024 3:11 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H2400023441543

MGR = Manager AMBR = Authorized Member

<u>Tltle</u>	<u>Name</u>	Address	Type of Action
MGR	DAVID SERVIANSKY	550 BILTMORE WAY #1110	□Add
		CORAL GABLES, FL 33134	□ Remove
			———— ≡ Change
MGR	LILIAN S. SERVIANSKY	550 BILTMORE WAY #1110	□Add
		CORAL GABLES, FL 33134	□ Remove
			≘ Change
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To:

It amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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if an effe Note:	ve date, if other than the date of filing: (optional) cetive 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 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
e record	d 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 ed.
Dated]	JULY 10 , 2024 .
	Signature of a member or authorized representative of a member
	MARK M. HASNER, ESQ.