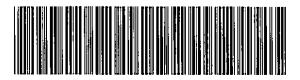
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COVER LETTER

TO: Registration Section **Division of Corporations** COCONUT POINT 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: Bev Larson Name of Person COCONUT POINT LLC Firm/Company 16970-160 San Carlos Blvd.#288 Address Fort Myers, Florida 33908 City/State and Zip Code Bev1314@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bey Larson Davtime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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

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

COCONUT POINT LLC

company has been notified in writing of this change.

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The Articles of Organization for this Limited Liability Company were filed on September 14, 2006 and assigned Florida document number 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: New Registered Office Address: Enter Florida street address Cin 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

If Changing Registered Agent, Signature of New Registered Agent

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

1

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	2020 HAY -4 PH 2: 57	Type of Action
AMBR	Richard A. Larson		n Carlos Blvd. #288	≡ Add
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ective date is listed If the date inser	d, the date must be specific and cannot be pricted in this block does not meet the applicate on the Department of State's record	or to date of filing or more than 90 days after filing.) Pursuant to elicable statutory filing requirements, this date will not be l
d specifies a del led.	ayed effective date, but not an effective	time, at 12:01 a.m. on the earlier of: (b) The 90th day a
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