

LOG 000019009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

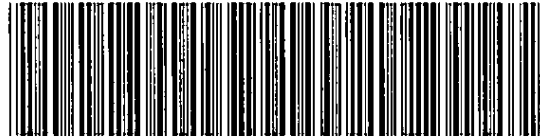
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 APR 15 PM 5:25

0 SIMMONS

APR 28 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 APR 15 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FL

April 2, 2021

MIGUEL RECALDE
6900 BAY DR, #81
MIAMI BCH, FL 33141

SUBJECT: COGLAN, LLC
Ref. Number: L09000019009

We have received your document for COGLAN, LLC and your check(s) totaling \$52.50. 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 LP, but your entity is a FLORIDA 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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 721A00006883

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COGLAN, LLC.
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:

Miguel A. Recalde
Name of Person
COGLAN, LLC.
Firm/Company
6900 Bay Circle Dr. #8I
Address
Miami Beach, FL. 33141
City/State and Zip Code
recalde48@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel A. Recalde at (305) 244-5940
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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**

COGLAN, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 2/25/2009 and assigned Florida document number LO9000019009.

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**)

Miguel A. Recalde
6900 Bay Circle Dr. #81
Miami Beach, FL 33141

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:

Miguel A. Recalde
6900 Bay Circle Dr. #81
Enter Florida street address
Miami Beach, Florida 33141
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.

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:

MGR = Manager
AMBR = Authorized Member

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Address

Title	Name	Address	Type of Action
MGR	Mayal, Marcelo Pabo	6900 Bay Dr. #8 I Miami Beach, FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

MGR	Rocalde, Vanessa Nicole	871 E. Red House Branch Rd. St. Augustine, FL 32084	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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