## L10000112349

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bı	ısiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

	F 3051, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARIO RUSSO-SARTI		
		Name of Person	
		Firm/Company	<del> </del>
	4600 NW 93 DORAL CO		
		Address	
	DORAL, FL 33178		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
MARIO RUSSO-SART	I	at ( )	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$53.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sc	ection
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee, l			be Street, Suite 810

Tallahassee, FL 32303

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COCONUT 3051, LLC

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

The Articles of Organization for this Limited Liability Company w	vere filed on 10/2	27/20210	and assigned
Florida document number L10000112349			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the de	signation "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)			<del></del>
	<del></del>		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our re	cords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		**	
New Registered Office Address:			
	Enter Flori	da street address	<del></del>
	·····	, Florida_	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of r covided for in C	ny duties, and Lan hapter 605, F.S. O	n familiar with and r, if this document is

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

	Authorized Member	Whole the production	t de
<u>Title</u>	<u>Name</u>	Address 21 AUG -2 PH 3:	14 Type of Action
MGRM	Carina Maria Russo	4600 NW 93 DORAL COURT	□Add
		DORAL, FL 33178	=Remove
			□Change
			□Add
		<del></del>	
			□Change
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ctive date, if other th	an the date of fili	07/24/2021		(option	al)
effective date is listed, the c	late must be specific a	and cannot be prior t		re than 90 days after fi	ing.) Pursuant to 605.01
iment's effective date or			, .	•	
ord specifies a delayed o	effective date, but r	not an effective tir	ne at 12:01 a.m. o	n the earlier of: (b)	The 90th day after t
filed.	one control date. Wat is	iot un citettive til		ii iiie outiiei vii (v)	The roll and the
a JULY	24	2021	<u>-</u> ·		
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