## L12000028131

| (Requ                      | uestor's Name)  |             |
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| PICK-UP                    | MAIT            | MAIL        |
| (Busi                      | ness Entity Nar | ne)         |
| (Docu                      | ıment Number)   |             |
| Certified Copies           | Certificate     | s of Status |
| Special Instructions to Fi | ling Officer:   |             |
|                            |                 |             |
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16 MAY 17 PH 4: 40
SECRETARY OF STATE
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SECRETARY OF STATE

J. HARRIS

## **COVER LETTER**

| TO:    | Registration So<br>Division of Cor |  |   |   |  |
|--------|------------------------------------|--|---|---|--|
| CHIDA  | ti com.                            | COINDRE INVESTME                             |   |   |  |
| SUBJ   | ECT:                               | Name of Lim                                  | ited Liability Company  | <del> </del>  |  |
| The er | sclosed Articles of                | Amendment and fee(s) are sub                 | mitted for filing.  |   |  |
| Please | return all correspo                | ondence concerning this matter               | to the following:   |   |  |
|        |                                    | Α  | NGEL AGUDELO  |   |  |
|        |                                    | · · · · · · · · · · · · · · · · · · ·        | Name of Person  |   |  |
|        | COINDRE INVESTMENTS, LLC           |  |   |   |  |
|        | Firm/Company                       |  |   |   |  |
|        | 11580 S QUAYSIDE DR                |  |   |   |  |
|        | Address                            |  |   |   |  |
|        |                                    | coc  | PPER CITY, FL 33026   |   |  |
|        |                                    |  | City/State and Zip Code   |   |  |
|        |                                    |  | ndreinvestments@gmail.com to be used for future annual report notif | YKX   |  |
| For fu | rther information c                | oncerning this matter, please ca             | ·   | readon)   |  |
| Angel  | Agudelo                            |  | 954 2137700<br>at()   |   |  |
|        | Name o                             | f Person                                     | Area Code Daytime   | : Telephone Number  |  |
| Enclos | sed is a check for th              | ne following amount:                         |   |   |  |
| \$2    | 5.00 Filing Fee                    | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

| COINDRE INV   | ESTMENTS, LLC  |  |
|---|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.)<br>hability Company) | ,  |
| The Articles of Organization for this Limited Liability Company   | and assigned   |  |
| Florida document number 320370886 LIQUOOD 2813  | 3/   |  |
| This amendment is submitted to amend the following:   |  |  |
| A. If amending name, enter the new name of the limited liab   | ility company here:  |  |
|   |  |  |
| he new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the designation "LLC" of                     | or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:   | 11580 S QUAYSIDE DR  | AS T   |
| Principal office address MUST BE A STREET ADDRESS)  | COOPER CITY, FL 33026                                      | र्वे क   |
|   |  | The second secon |
|   |  | 7/22 - 1   |
| Enter new mailing address, if applicable:   | 11580 S QUAYSIDE DR  |  |
| Mailing address MAY BE A POST OFFICE BOX)   | COOPER CITY, FL 33026                                      |  |
|   |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | Tice address on our records,                               |  |
| Name of New Registered Agent:   |  |  |
| New Registered Office Address:  |  |  |
|   | Enter Florida street address                               |  |
|   | , Flori  |  |
|   | City   | Zip Code   |

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

| <u>Title</u> | <u>Name</u>   | Address                                | Type of Action       |
|--------------|---------------|--|----------------------|
| MGR          | MARIA AGUDELO | 11580 S QUAYSIDE DR                    | ■ Add                |
|              |               | COOPER CITY, FL 33026                  | □ Remove             |
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|              |               |  | Add                  |
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| ective date, if other than   | the date of filing                        | :  |                        | (onti-                  | onal)   |              |
| ective date, if other than a effective date is listed, the date  | must be specific and                      | cannot be prior to c                             | late of filing or more | than 90 days after      | tiling.) Pursuan                              | nt to 605.02 |
|  | s block does not me<br>c Department of St | cet the applicable ate's records                 | e statutory filing re  | quirements, this        | s date will not                               | be listed    |
| te: If the date inserted in this sument's effective date on the  | - isopartinoit or ist                     | are browners.                                    |                        |                         |   |              |
| ument's effective date on the  |   |  |                        |                         |   |              |
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Filing Fee: \$25.00