

L13000074863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

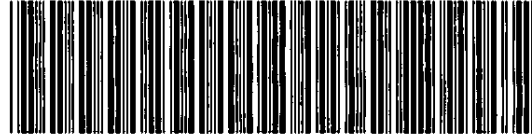
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/14/16--01031--008 **25.00

FILED
2016 JUN 13 PM 12:48
TALLAHASSEE, FLORIDA

FILED
2016 JUN 13 PM 12:14
TALLAHASSEE, FLORIDA

JUN 17 2016

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Van COO 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:

MÁRCELO SCHAMY

Name of Person:

Firm/Company

4770 Biscayne Blvd #1280

Address

Miami, Fl 33137

City/State and Zip Code

mschamy@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcelo Schamy

305

450-6220

at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

yon Coco, 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 were filed on 4/30/00 748:63 and assigned Florida document number 5-22-13.

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

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.


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

Title	Name	Address	Type of Action
MGR	Royal Meridian Group LLC	4770 Biscayne Blvd #1280	<input type="checkbox"/> Add
		Miami FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	D'Ambrosio, Leandro A.	Virey Del Pino 1751 50 B	<input checked="" type="checkbox"/> Add
		Capital Federal, BA 1426 AR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cordone, Maria A.	Virey Del Pino 1751 50 B	<input checked="" type="checkbox"/> Add
		Capital Federal, BA 1426 AR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
JUN 3 12:12 PM '09

16 JUN 13 PM 12:15
JAMES HAY JR. STATION
TALLAHASSEE, FLORIDA

16 JUN 13 PM12:15
JAMES HAYES STATION
TALLAHASSEE, FLORIDA

100-443886-1

(If an effective 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)(b)

(b) The 90th day after the record is filed.

1 _____, 2016.
x  _____
Signature of a member of a

Marcelo Schamy

Typed or printed name of signee