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COVER LETTER

DIVISIO	i oi Coi po	COLORIS		
empiect.	Coco	nut Tree Properties, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed Art	ticles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all	correspond	ence concerning this matter t	to the following:	
		Anaatrie D. Persaud		
			Name of Person	
		Coconut Tree Properties, L	LC	
			Firm/Company	
		2181 Lake Marion Drive		
			Address	
		Apopka, FL 32712		
		coconuttreeproperties@gma		
		E-mail address: (t	o be used for future annual report notific	eation)
For further infor	mation con	cerning this matter, please ca	ll:	
Anaatrie D. Pers			917 520-6001	
	Name of P	erson	Area Code Daytime	Felephone Number
Enclosed is a che	eck for the	following amount:		
\$25.00 Filing	g 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:

TO:

Registration Section

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

Coconut Tree Properties, LLC		
(Name of the Lim	ted Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited E Florida document number	iability Company were filed on	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
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 appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and registered agent and/or the new registered of		n our records, enter the name of the n
Name of New Registered Agent:	Anaatrie Persaud	17 OC SECRI FALLA
New Registered Office Address:	2181 Lake Marion Drive	A S S S S S S S S S S S S S S S S S S S
-	Enter Flo	Florida Street address
	City	Z 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address 83-60 118 th St., #ZA	Type of Action
AMBR	Shallene Persaud	83-60 118 St., # ZA Kew Gdus, NY 11415	Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			C Remove
			Change
			□ Add
			□ Remove
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			D Add
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W. L.		
ive date, if other than the date of fil	ling:	(optional)
fective 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.
nent's effective date on the Department of	ot meet the applicable statutory filing requirer of State's records.	nents, this date will not be fiste
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cord specifies a delayed effective	e date, but not an effective time, at	12:01 a m on the earlie
90th day after the record is file		TELOT OWN, ON the calle
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Signature of	f a member or authorized representative of a meml	ber 汽车 i 二
Signature of	f a member or authorized representative of a member Anaatrie D Persaud	-2 (-2 (4.88EE

Page 3 of 3

Filing Fee: \$25.00