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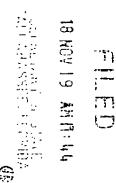
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COVER LETTER

Division of Corpo	rations		
SUBJECT:	Coconut Gro	ove Recovery LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Brian Giraldez		
		Name of Person	
		Firm/Company	
	FOO4 Hallings and Dhird		
	5001 Hollywood Blvd	Address	
	Hollywood Florida , 330		
		City/State and Zip Code	
	jcarver.agosolutions@gi E-mail address: (to	mail.com be used for future annual report notifies	ation)
Don Combine to Commission of the		-	,
ror turiner information conc	erning this matter, please cal	ı.	
Brian Giraldez		at (786) 452-6773 Area Code Daytime T	
Name of Pe	erson	Area Code Daytime T	elephone Number
Enclosed is a check for the f	ollowing 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:

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**

(Name of the Limited Liability (A Florida l	Company as it now appears of imited Liability Company)	on our records.)	- · · - · -
The Articles of Organization for this Limited Liability Co	mpany were filed on 10/1	14/2016	_ and assigned
Florida document numberL15000159485	- -		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here	•	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desi	gnation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	<u> </u>	\$P 0	
		;- ;- ; ; ; ; ;	<u> </u>
		٠٠٠ دري	= 11
Enter new mailing address, if applicable:		<u></u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		· .	
		,	
		5	-
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, <u>enter th</u>	ne name of the
egistered agent and/or the new registered office additi	<u>35 liere</u> .		
Name of New Registered Agent:			
New Registered Office Address:	Futer Floride	ı street address	
	17/10/ 110/ 100	. Florida	

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>	Name	<u>Address</u>	Type of Action
MGR	Christopher Ward	343 189th Terrace, Sunny Isles Beach Florida, 33160	_☑ Add
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(If an effective of	late, if other than the date of filing: e 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 60	5.0207
	e date inserted in this block does not meet the applicable sta s effective date on the Department of State's records.	atutory filing requirements, this date will not be lis	ited as
	specifies a delayed effective date, but not an each that the record is filed.	effective time, at 12:01 a.m. on the earl	ier of
Dated	11/12/2018		
		epresentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00