

L1600009615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

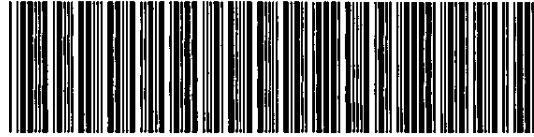
(Business Entity Name)

(Document Number)

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FILING CANCELLED  
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12/27/16--01026--015 \*\*25.00

FILED  
16 DEC 27 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Coco Trucking US LLC

10623 NW 122 ST MEDLEY FL 33178

Phone 305 762 2705

Change Company Information

Address , phone , Members

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COCO TRUCKING US L.L.C.

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:

Gino Escalona

Name of Person

Firm/Company

1530 Angler AVE

Address

KISSIMMEE FL 34746

City/State and Zip Code

cocotruckingus@gmail.com

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

For further information concerning this matter, please call:

Norgi Del Valle Reyes

at ( 305 ) 762-2705

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**

**FILING CANCELLED  
RETURNED CHECK**

COCO TRUCKING US L.L.C.

(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 05-23-2016 and assigned  
Florida document number L1600009615.

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:**

10623 NW 122 ST

**(Principal office address MUST BE A STREET ADDRESS)**

Medley FL 33178

**Enter new mailing address, if applicable:**

10623 NW 122 ST

**(Mailing address MAY BE A POST OFFICE BOX)**

MEDLEY FL 33178

**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

City, Florida

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

## FILING CANCELLED RETURNED CHECK

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GINO ESCALONA	1530 ANGLER AVE KISSIMMEE	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	GIOVANELLA ESCALONA	1530 ANGLER AVE KISSIMMEE	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NORGI DEL VALLE REYES	8875 WEST 35TH WAY HIALEA	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESUS OLIVO	10623 NW 122 ST MEDLEY FL 3	<input checked="" type="checkbox"/> Add
			<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

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

I need to change to Members on this Company , Remove Gino Escalona and Giovanna Escalona and add

as MGR Norgi Del Valle Reyes , and as Ap Jesus Olivo .

Also I need change the physical and mailing address , the new address it will be

10623 NW 122 ST MEDLEY FL 33178

And the new phone number for any information 305 - 762 - 2705

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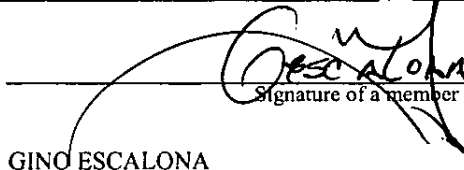
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 12/20 , 2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

GINO ESCALONA

\_\_\_\_\_  
Typed or printed name of signee