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(Re	questor's Name)	
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## COVER LETTER,

TO:	Registration Section Division of Corporations	
SURIE	T: Coco's AtticL.L.C	
501501	Name of Limited Liability Company	
The en	sed Articles of Amendment and fee(s) are submitted for filing.	
Please	urn all correspondence concerning this matter to the following:	
	Coleen M. Bevan Name of Person	
	Name of Person	
	Cocos Attic L.LC Firm/Company	
	Firm/Company	
	4084 Pioneer Way	
	New Smyrna Beach, FL. 32/68 City/State and Zip Code	
	New Smyrna Beach, FL. 32/68  City/State and Zip Code  Cocosattions b@amail. Com  E-mail address: (to be used for future annual report notification)	
For fur	r information concerning this matter, please call:	
	Name of Person at (386) 232 - 8010  Area Code Daytime Telephone Number	
Enclose	is a check for the following amount:	
<b>⊠</b> \$2:	O Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status Certified Copy Certified Copy (additional copy is enclosed) S60.00 Filing Fee Scriffied Copy (additional copy is	Status &
	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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>January 20, 2017</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	318 N. Dixie Frwy.
(Principal office address MUST BE A STREET ADDRESS)	318 N. Dixie Frwy.  New Smyrna Beach  FL 32168
Enter new mailing address, if applicable:	in the
(Mailing address MAY BE A POST OFFICE BOX)	The Control of the Co
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	• • • • • • • • • • • • • • • • • • • •
Name of New Registered Agent:	stopher Bevan
New Registered Office Address: 318	N. DIXIC FOWY Enter Florida street address
New C	Smyrna Beach, Florida 32/68 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.

FChanging 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
AMB:R owner)	Coleen M. Bevan	4084 Pioneer Way New Sm,	ırna 💆 Add
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lfan effectiv <u>Note:</u> If t	date, if other than the date of filing: March (2017) we date is listed, the date must be specific and cannot be prior to date of filing or me he date inserted in this block does not meet the applicable statutory filing 's effective date on the Department of State's records.	ore than 90 days after filing.) Pursuant to 605.02	207 ( as t
	d specifies a delayed effective date, but not an effective to 0th day after the record is filed.	ime, at 12:01 a.m. on the earlier	of:
Dated	March 6, 2017.		
	Signature of a member or authorized representative	)	
	_		
	Typed or printed name of signee		

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Filing Fee: \$25.00