

L17000 114533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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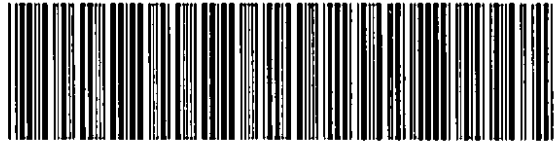
(Business Entity Name)

(Document Number)

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2020/10/17 PM 3:21

0 CHARGES

OCT 02 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COCOA 1818 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATIA J. MEZA

Name of Person

Firm/Company

4559 SW 33 AVENUE

Address

FT. LAUDERALE, FL 33312

City/State and Zip Code

onyxgllc@gmail.com

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

For further information concerning this matter, please call:

KATIA J. MEZA

786

553-9441

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

COCOA 1818 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

17 FEB 21

The Articles of Organization for this Limited Liability Company were filed on MAY 24, 2017 and assigned Florida document number L17000114533.

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:

12908 SW 136 Terrace

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33186

Enter new mailing address, if applicable:

12908 SW 136 Terrace

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33186

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:

Giancarlo Gutierrez

New Registered Office Address:

18757 SW 79 Avenue

Enter Florida street address

Cutler Bay

City

Florida 33157

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

2020 APR 17 PM 3:21

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GIANCARLO GUTIERREZ	18757 SW 79 AVENUE	<input checked="" type="checkbox"/> Add
		CUTLER BAY, FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PEIRO M. PEZZIA	12908 SW 136 TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANAY SUAREZ	18757 SW 79 AVENUE	<input checked="" type="checkbox"/> Add
		CUTLER BAY, FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CAIO N. GONCALVES	11825 SW 80 ROAD	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33156	<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

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

JAN 17 PM 3:21

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KATIA J. MEZA	4559 SW 33 AVENUE	<input type="checkbox"/> Add
		FT. LAUDERALE, FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AMIR EILON	4559 SW 33 AVENUE	<input type="checkbox"/> Add
		FT. LAUDERALE, FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YTZHAK HARTZY	2215 NE 204 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHIRI BEN YOSEF HARTZY	2215 NE 204 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33180	<input checked="" 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

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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.

Dated JULY 9 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00