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SECRETARY OF STAFF
TALL ARASSET, FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporation		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Amendm	nt and fee(s) are submitted for filing.	
Please return all correspondence c	neerning this matter to the following:	
	AUSTIN COSEY	
	COCOPIUM Group, UC	
- and	388 Branwood Rd	
	Venice FL 34293  City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	W
For further information concerning	this matter, please call:	
JOHN GON Name of Person	at (AVI) SOQ-8309  Area Code Daytime Telephone Number	
Enclosed is a check for the follow	g amount:	
\$25.00 Filing Fee	00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, rtificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

- Coroplum Gri	and U.C.
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 170020622	y were filed on $\frac{10/5/2017}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	COCD DIUM GOUD IIC 300 Print MOI APA VONICE, FZ 34293
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Coroplum Grap UC 358 Briorwood RD Venice, Ft 34293
B. If amending the registered agent and/or registered or registered of registered agent and/or the new registered office address here.	office address on our records, enter the name of the new
Name of New Registered Agent:	19 NON 61
New Registered Office Address:	22 SSE
	Emer Florida street address
	City 200 Code

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.

New Registered Agent's Signature, if changing Registered Agent:

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 Title **Name Address Type of Action** ISLY 388 Brianway Rd Austin Venice, FL 34293 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☑ □**∃**Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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<u>e:</u> If the date insert	the date must be specific and cannot be prior to date of filing in this block does not meet the applicable statutor	ry filing requirements, this date will not be listed
ament's effective da	te on the Department of State's records.	
ecord specifies ne 90th day aftr	a delayed effective date, but not an effecer the record is filed.	tive time, at 12:01 a.m. on the earlie
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· · · · · · · · · · · · · · · · · · ·	Signature of a member or authorized represe	entative of a member
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Filing Fee: \$25.00