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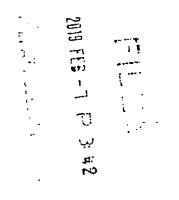
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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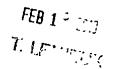
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COVER LETTER

TC): Registration Sec Division of Corp			
ÇI.	COIN LD, L	.I.C		
30	DJF.CT.	Name of Lim	ited Liability Company	
The	e enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Ple	ase return all correspor	ndence concerning this matter	to the following:	
		EDGARDO A. LATMAN		
			Name of Person	
			Firm Company	
		11508 WESTWOOD BLV	TD #316	
		ORLANDO, FL 32821	Address	
			City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	ication)
For	r further information co	oncerning this matter, please ea	all:	
ED	OGARDO A. LATMAN		305 497-7047 at()	
	Name of	Person	Area Code Daytime	: Telephone Number
En	closed is a check for th	e 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 tadditional 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

COIN LD, LLC		
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on or ida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability	Company were filed on 11/27:20	2010 600
lorida document number L17000243061	·	tu k
This amendment is submitted to amend the following:		the first and a second of the
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST_BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or reg		records, enter the name of the
egistered agent and/or the new registered office ad	<u>ldress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet address
		, Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

H amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	DANIELA DIORICH	11508 Westwood Blvd #316	
		Orlando, FL 32821	
•		Orando, CD 32821	■ Remove
			Change
			Remove
			☐ Change
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			Remove
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			□ Remove
			Change

			
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			<u>_</u>
Effective date if other than	01/30/2019 the data of filing:	(antional)	
Note: If the date inserted in this	must be specific and cannot be prior to is block does not meet the applica- be Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuable statutory filing requirements, this date will n	iant to 605,0207 (3)(of be listed as the
he record specifies a dela The 90th day after the r	yed effective date, but not record is filed.	an effective time, at 12:01 a.m. on th	ne earlier of:
Dated	2019		
	2/-	rized representative of a member	
		THE RESERVE THE PARTY OF THE PA	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00