

21/10/2019

Division of Corporations

21700020681Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCOUNTING PERFECT SOLUTIONS CORP
Account Number : I20140000109
Phone : (786)316-5772
Fax Number : (786)549-5991

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COCH SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

OCT 21 PM 4:00

FAXED

2018 OCT 21 PM 4:11

FILED

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OCT 21 2018

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COCH SERVICES LLC

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:

GUSTAVO CABANELA

Name of Person

COCH SERVICES LLC

Firm/Company

3245 SE QUAY ST

Address

PORT SAINT LUCIE, FL 34984

City/State and Zip Code

YUDEISYMEL@GMAIL.COM

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

For further information concerning this matter, please call:

GUSTAVO CABANELA

772

201-2243

Name of Person

at ()

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**

FILED

2019 OCT 21 P 2:41

COCH SERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/22/2017 and assigned
Florida document number L17000260681

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:

3245 SE QUAY ST

(Principal office address MUST BE A STREET ADDRESS)

PORT SAINT LUCIE, FL 34984

Enter new mailing address, if applicable:

3245 SE QUAY ST

(Mailing address MAY BE A POST OFFICE BOX)

PORT SAINT LUCIE, FL 34984

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:

3245 SE QUAY ST

Enter Florida street address

PORT SAINT LUCIE

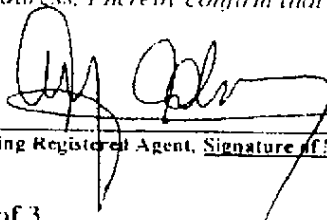
Florida 34984

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	GUILLERMO RUIZ	6740 NW 37 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33147	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GABRIELA VIVIANA CINAT	3245 SE QUAY ST	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUSTAVO CABANELA	3245 SE QUAY ST	<input type="checkbox"/> Add
		PORT SAINT LUCIE	<input type="checkbox"/> Remove
			<input checked="" 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
			<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.)*

E. Effective date, if other than the date of filing: 10/18/2019 (optional)

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.

(b) The 90th day after the record is filed.

Dated 10/18/2019

~~Signature of a member or authorized representative of a member~~

GUSTAVO CABANELA

Typed or printed name of signee