1180000 36143

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

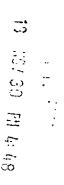
Office Use Only

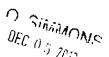


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11/30/18--01026--021 ++25.00





COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT:	Teem	Coqueta LLC.	<u>.</u>
	Name of Limited	d Liability Company	
The enclosed Articles of Am	endment and fee(s) are submit	ued for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	1011	Name of Person	<u> </u>
		Firm/Company	
	1339	Kiky Civile	
		Address	
	, ,		
	Depr	City/State and Zip Code	
	, -,	City/State and Zip Civile	•
-	E-mail address: (to t	be used for futbre annual report notification	<u>on)</u>
For further information conc	erning this matter, please call:		
	~		
Name of Pe	15 Kivera	at (<u>451)</u> <u>9723 - C</u> Area Code Daytime Tele	phone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee I	□ \$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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tcor	n Coquel		
(<u>Name of the Limite</u>)	d Liability Company as it A Florida Limited Liability	now appears on our reco (Company)	rds.)
The Articles of Organization for this Limited Lia		filed on <u>02 log</u>	lzor and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability co	ompany here:	5
The new name must be distinguishable and contain the wo	ords "Limited Liability Con	npany," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ible:		
The state of the s			· 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office a ice address here:	nddress on our reco	rds, enter the name of the new
Name of New Registered Agent:	Dilmar	15 Phierce	
New Registered Office Address:	133	Enter Florida street add	<u>Ci~le</u> tress
	be'	land,	Florida 32724 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 = Au	ithorized Member		
<u>Title</u>	Name	Address	Type of Action
ALIBR	Ninoshka Garcie	P.D. Box 391284	X Add
		Dellana, Fl. 32739	□ Remove
	g cancelled to returned check		Change
			Remove
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feetive date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable stanent's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 60 tutory filing requirements, this date will not be lis
cord specifies a delayed effective date, but not an eee 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earli
Signature of a member or authorized re	presentative of a member
Signature of a member or authorized re	
	N. C. (1)

Page 3 of 3

Filing Fee: \$25.00