

L18000 244 755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

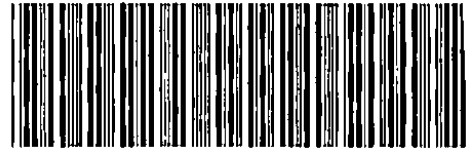
(Business Entity Name)

(Document Number)

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2019 SEP 16 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 27 2018

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COCO SH 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:

MARIELIS ARCAYA

Name of Person

Firm/Company

7631 SW 146 AVENUE

Address

MIAMI, FL 33183

City/State and Zip Code

dianadgacct@gmail.com

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

For further information concerning this matter, please call:

MARIELIS ARCAYA

305 382-7258
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/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

COCO SH LLC

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

2018 SEP 16 PD

SECRETARY OF
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10-17-18

Florida document number L18000244755

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 abbreviat

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the na
registered agent and/or the new registered office address here:**

Name of New Registered Agent: JONATHAN GORDON

New Registered Office Address: 8867 SW 159TH PLACE

Enter Florida street address

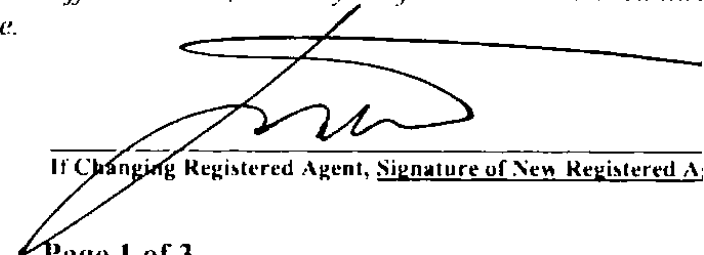
MIAMI, Florida 33193

City

Zip Co.

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 co
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this de
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liat
company has been notified in writing of this change.*


If Changing Registered Agent, Signature of New Registered Agent

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.

Dated SEPTEMBER 11 . 2019

Typed or printed name of signee