## 119000015330

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## COVER LETTER

Division of Corpo	rations		
SUBJECT: COC	O AUTO FR Name of Lim	ADING LLC ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	FERNANI	Name of Person	TO
	<u>-</u>	Firm/Company	
	4984 Lo	NDON CREEK	- PLACE
		City/State and Zip Code  Oblightow lufma to be used for future annual report notifi	
For further information conc			
Name of Pe	rson	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee i	S30.00 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 enclused)

MAILING ADDRESS:

TO:

Registration Section

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

O	1	810 8100
COCO AUTO TRADING  (Name of the Limited Liability Compa (A Florida Limited)	Dy as it now appears on our records )	FEB 1
(A Florida Limited I	Liability Company)	SE F
The Articles of Organization for this Limited Liability Company	were filed on 1/11/2019	and assigned
Florida document number <u>L 19000015330</u>	,	용절 ::
This amendment is submitted to amend the following:		ara on
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		<del>-</del>
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	3584 LONDO, KISSIMMEE, F	N CREELPL
(Mailing address MAY BE A POST OFFICE BOX)	EISSIMMEE. F	7, 34218
		7,7,00
		<del></del>
B. If amending the registered agent and/or registered of	fice address on our records, enter	the name of the new
registered agent and/or the new registered office address here	::	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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

Title	Name	Address	Type of Action
MANAGER	FERNANDO NOBERTO	4984 LONDON CREEK PR	} <u></u> : <b>A</b> Add
		KISSIMMEG, FL. 34718	, □ Remove
			Change
			□ Remove
			Change
	•		🗆 Remove
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<del></del>			□ Add
			Remove
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			_□ Add
			_□ Remove
			□ Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.	)		
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(If an effe	re date, if other than the date of filing:	Pursuant to vill not be	605.020 listed a	7 (3)( s the
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of an effective time, at 12:01 a.m. of the day after the record is filed.	on the ea	irlier (	of:
Dated _	Feb. 14 /2019.	<u>ب</u> کنون	20	
	Ilunian = 1		2019 FEB	
	Signature of a member or authorized representative of a member	ASSA	-1-89	
	TERNANDO NOLBERTO Typed or printed name of signee	W.S.		FILED
	t yped or printed name of signee	80.14 VIS	AM II: 06	$\cup$
		5A	90	

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Filing Fee: \$25.00