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JUN 0 1 2020 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor				
Coconut V	illage Market, LLC			
SUBJECT:				
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Erik Lichter			
		Name of Person	<u> </u>	
	The Lichter Law Group		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Ss: Corporations of Tallahassee	
		Firm/Company		
	5805 Blue Lagoon Drive.	Suie 165		
		Address	<u>-</u>	
	Miami, FL 33155			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report not	iffication)	
For further information c	oncerning this matter, please c	all:		
Erik Lichter		305 894-6750		
Nama	f Person	at () Area Code Daytin	ne Tolophone Number	
Natice	i i etson	Area Code Dayin	ne retephone (vanise)	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
Mailing Addres		Street Address:		
Registration S Division of C		Registration Se Division of Co		
P.O. Box 632	-	The Centre of	•	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coconut Village Market, LLC

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

(A Florida Limited Liability Compan	y)	一般にもい
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L19000214633</u>	August 21, 2019	and assigned
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	ne designation "LLC" or the	abbreviation "L.L.C."
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 ou agent and/or the new registered office address here:	r records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:	Florida street address	
rmer i	rioriaa sireei aaaress	
	, Florida	Zip Code
Non-Booletanad Agent's Signature if abanging Bogistared Agent:		ing cont

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR/ AMBR	Walter Santiago	6635 SW 51 Terrace	
		Miami, FL 33155	
			□Remove
			■Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			□Change
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			□Change

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<u>ote:</u> If th	late, if other than e date is listed, the date the date inserted in the s effective date on the	is block does not	meet the applica	o date of filing or m ble statutory filin	(opti ore than 90 days after g requirements, thi	filing.) Pursuant to 6	05,020' sted a:
	specifies a dela th day after the			an effective t	ime, at 12:01 a	a.m. on the ear	lier o
	rch 10		2020				
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