(((H200002604143)))



H200002604143ABCT

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : G & A ACCOUNTING AND TAX SERVICES, INC.

Account Number : I20120000033 Phone : (305)801-5470

Fax Number : (713)953-7115

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 JULIANNA AGREDA LLC

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

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TO:

COVER LETTER

| TO: | Registration Second Division of Corp | lion orations | | |
|--------|--------------------------------------|--|---|--|
| | | AGREDA LLC | | |
| SUBJE | ECT: | Nume of Limite | d Liability Company | |
| The en | closed Articles of A | mendment and fec(s) are subm | itted for filing. | |
| Please | return all correspor | dence concerning this matter to | the following: | |
| | | Clara Arrieta | | |
| | | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | | G&A Accounting and Taxes | Services Inc | |
| | | | Firm/Company | <u></u> |
| | | 8842 NW 161st Terrace, | | |
| | | | Address | |
| | | Miami Lakes FL 33018 | | |
| | | gataxes@gmail.com | City/State and Zip Code | |
| | | E-mail address: (to | o be used for future annual report notifi | ication) |
| | | oncerning this matter, please ca | il: 305 8015394 | |
| Clara | Arrieta Name o | f Person | at (| Telephone Number |
| | | | | |
| Enclo | osed is a check for the | ne following amount: | | |
| ×s | 325.00 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limite | d Liability Compa A Florida Limited | ny as it now appears on our tability Company) | records.) | _ |
|---|--|---|-----------------------------|----------|
| The Articles of Organization for this Limited Li Florida document number | ability Company | 01.11.4(303 0 | • | assigned |
| This amendment is submitted to amend the follo | owing: | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | |
| COCOA SWIMWEAR, LLC | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the designation | n "LLC" or the abbreviation | "L.L.C." |
| Enter new principal offices address, if applic | able: | NA | 2020 | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | NA | b 5 4 V | <u> </u> |
| B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent: | registered office ss here: NA | address on our records | , enter the name of the | new reg |
| New Registered Office Address: | | Enter Florida stre | et address | |
| | | | , Florida | |
| | | City | Zip (| ode. |

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.

08/4/2020 09:48 AM TO:18506176383 FROM:7137666532

Page: 5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being acueu or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u> Fitle</u> | Name | <u>Address</u> | Type of Action |
|---------------|------|----------------|----------------|
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| Effective date, if other than the if an effective date is listed, the date monotone. If the date inserted in this document's effective date on the | ne date of filing: (optional) nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records. |
| e record specifies a delayed effect ord is filed. | tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| August 4th | 2020 |
| _ | · |
| Dated | |
| Dated | Mary J. |
| Dated | Signature of a member or authorized representative of a member |