## 120000210118

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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## **COVER LETTER**

TO: Registration Sc Division of Cor			
	NGLE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	LIRIS L MIER Y TERAN		
	·	Name of Person	
	COCO JUNGLE, LLC		
		Firm/Company	
	9888 BALMORAL CIR		
	4 <del>-</del>	Address	
	ORLANDO, FL 32817-18	33	
	<del></del>	City/State and Zip Code	
	lissette310572@gmail.com		
	E-mail address: (	o be used for future annual report notific	ation)
For further information of	oncerning this matter, please ca	all:	
LIRIS L MIER Y TERA	.N	407 820-0758	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration 9	Section	Registration Secti	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

COCO JUNGLE, LLC					
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L20000210118	were filed on 07/20/2020 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:				
BEEP BEEP IMPORT & EXPORTS, LLC					
The new name must be distinguishable and contain the words "Limited Liabi					
Enter new principal offices address, if applicable:	9888 BALMORAL CIR				
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32817-1833				
	9888 BALMORAL CIR				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32817-1833				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the name of the new registe</u>				
Name of New Negatored Agent.					
New Registered Office Address:	Enter Florida street address				
	1712.4_				
	, Florida Cuy Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is				

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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			□Remove
			□Change
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Effective da	te, if other than	the date of fili	ng:			(optional)	
If an effective	date is listed, the date	must be specific a	ind cannot be price	er to date of filing	or more than 90 day	s after filing.) Pursuants, this date will not	nt to 605,0207 (
document's	effective date on th	e Department of	State's record	s.	ming requiremen	is, ans hate war no	be usied as
e record spec rd is filed.	ifies a delayed effe	ctive date, but n	ot an effective	time, at 12:01 a	m. on the earlier	of: (b) The 90th d	lay after the
FEBR	UARY 23,		2021	•			
Dated			-: <del>- /</del> /	H// /			

Filing Fee: \$25.00

Typed or printed name of signee