## 120000 219 851

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:CO	co Belamina, Li	C.	
SUBJECT:CO		ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Scarlet	- ROA Name of Person	<del></del>
	COLO B	relamina, LLC	
		Firm/Company	
	14793 SU	) 81 Stree+	
		Address	
	Miami, I	FL 33193 City/State and Zip Code	
	Scorinis		·
		o be used for future arinual report notifica	Mition)
For further information co	oncerning this matter, please ca	all:	
Scarlet	Rag	at (305) 720 - E	360460
Name of	Person		elephone Number
Enclosed is a check for the	e 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 S	=	Street Address: Registration Section	on
Division of Co		Division of Corpo	
P.O. Box 6327	7	The Centre of Tall	lahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Coco Belar</u>	mina, LLC	
(Name of the Limited) (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number <u>L2000219</u>	ility Company were filed on <u>JUN</u> 851	27, 2020 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
KOKO Bellamina	LLC	
The new name must be distinguishable and contain the word	s *Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address b		is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	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 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>	Name	Address	Type of Action
			□Add
			Петоче
			Change
<del></del>			
			□ Remove
			Change
			□Add
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		<del></del>	Change
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`an cfi <b>iote:</b>	ive date, if other than the date of filing:
recor l is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Smrle+ Rog

Typed or printed name of signee