13-0000337-516

(Re	questor's Name))
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies		es of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

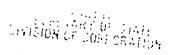
	on Section f Corporations		
Соир	d'Estate		
SUBJECT:	Name of I	imited Liability Company	-
The enclosed Articl	es of Amendment and fee(s) are s	submitted for filing.	
	respondence concerning this mat	_	
	Dr. Candace Wheeler		
		Name of Person	-
	Coup d'Estate		
		Firm/Company	
	2200 Monroe Street #10)	
		Address	
	Hollywood, FL 33020		
		City/State and Zip Code	
	drewheeler@gmail.com E-mail addres	s: (to be used for future annual report no	otification)
For further informate	tion concerning this matter, please		
Dr. Candace Wheel	ler	954 908-0180	
N	ame of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	Tee ☐ \$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 A		Street Address:	
_	ion Section of Corporations	Registration S Division of Co	
P.O. Box		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Coup d'Estate LLC

21 MAR 25 PA 2: 27

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

The Articles of Organization for this Limited Liability Compa	any were filed on July 30, 2020	and assigned
Florida document number 1.20000227516		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ice address on our records, enter the	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		da Zip Code
	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>	<u>Name</u>	Address 21 MAR 26 PR	2: 2 Type of Action
AMBR	Dr. Candace Wheeler	2200 Monroe Street #10, Hollywood, FL 33020	= Add
			□Remove
			□Change
AMBR	Jovian J. Catanese	2200 Monroe Street #10, Hollywood, FL 33020	□Add
			□Remove
			■Change
			□Add
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			□Remove
			□Change

	ENVISION OF CONTOPATION
	21 HAR 26 PA 2: 27
	
	
tive date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior to date of filing.	(optional)
If the date inserted in this block does not meet the applicable statutory	
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01	a muon the earlier of (h). The 90th day after
filed.	a.m. on the carrier of (b) The your day after
Murah 22, 2021	
d March 23, 2021	
7 () Xu /1/X.X	
Signature of a member or authorized represer	ntative of a member