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(//-	equestors name)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

то:	Registration Se Division of Cor		,	
SUBJI	ЕСТ:	The 60	ited Liability Company	, LLC
		Name of Lim	ited Liability Company	<del></del>
The en	sclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Name of Person	Malos
			Firm/Company	
		2214 Pari	Address	<del></del>
		Kissimmee	FL . 34758 City/State and Zip Code	
D 0			to be used for future annual report noti	fication)
Por tur	ther information c	oncerning this matter, please c	all:	
	Name o	Nontract f Person	at ( <u>407</u> ) <u>867-</u> Area Code Daytim	06 53 te Telephone Number
Enclos	sed is a check for th	ne following amount:		
世 \$2	25.00 Filing Fee	☐ \$30.00 Filing Fec & 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 Registration S Division of C	Section	Street Address: Registration Se Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		records.)
the Loss	Production LLC	
( <u>Name of the Limited Liabili</u> (A Floridi	Production LLC ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	Company were filed on <u>Sep</u>	17, 0000 and assigned
The Articles of Organization for this Limited Liability C		· ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
COCO/S PA The new name must be distinguishable and contain the words "Lim	oduction LLC	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		•
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		
<b>.</b>		
B. If amending the registered agent and/or registere	d office address on our records,	enter the 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
		_, Florida
	City	, Florida 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.

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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n effecti <u>te:</u> If	late, if other than the date of filing:
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	Signature of authorized representative of a member
	N1/3/as M3/4ac2 Ma+03  Typed or printed name of signee