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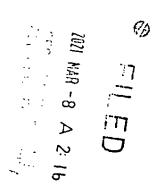
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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:	COKLEY	& COKLEY LLC		
JUNE 1.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		LATANIA M. RUISE		
		Name of Person		
	н	UISE & ASSOCIATES, PA		
		Address		
	1	MIAMI, FLORIDA 33269		
		City/State and Zip Code		
	E-mail address:	to be used for future annual report notific	ation)	
For further information of	oncerning this matter, please o	·	,	
LATANIA M. RUISE	,	786 393-7750		
Name o	f Person	at ()	l'elephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status Certified Copy (additional copy is enclosed)	@
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Section Division of Corporate Centre of Tal 2415 N. Monroe Stallahassee, FL 3	orations Similar Street, Suite 810	ED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COKLEY & COKLEY LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on01/11/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	6803 SW 35TH COURT	
(Principal office address MUST BE A STREET ADDRESS)	MIRAMAR, FL 33023	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nan	ne of the new registered
		Fa 2 0
Name of New Registered Agent:		- 12 m
New Registered Office Address:	Enter Florida street address	WAR - 8
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing 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 provided for in Chapter 605, F.S. Or,	familiar with and , 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
MGR M	GEORGE COKLEY	6803 SW 35TH COURT	
		MIRAMAR, FL 33023	□Remove
			■ Change
AMBR	CHIMERE COKLEY	6803 SW 35TH COURT	□ Add
		MIRAMAR, FL 33023	□Remove
			□ Add
			Change Change
			A 20 Remove
		7 · 	Change
			□Add
			□ Remove
			□Change
			□Remove
			□Change

	<u> </u> 202
	MAR_
	_ [⊷] _ ⊳
1/1/2021	_
Effective date, if other than the date of filing: 1/11/2021 (optional)	<u>-</u>

Filing Fee: \$25.00