

121 000078595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

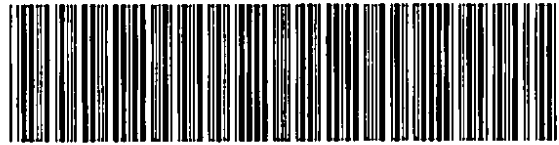
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 MAR 30 PM 2:30

T. MATTHEWS

APR 12 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COCO PROPERTIES I, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NIDIA FLOREZ GIGLIOLI

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

5340 CAMELLA DR

\_\_\_\_\_  
Address

ORLANDO, FL 32829

\_\_\_\_\_  
City/State and Zip Code

hmaof@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

hmaof@yahoo.com

407 334-1616  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

22 MAR 30 PM 2:30

(A Florida Limited Liability Company)

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Lucas Quimbayo Londono	5340 CAMELLA DR	<input checked="" type="checkbox"/> Add
		Orlando, FL, 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nidia Florez Giglioli	5340 CAMELLA DR	<input checked="" type="checkbox"/> Add
		Orlando, FL, 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mauricio Fernandez Florez	5340 CAMELLA DR	<input checked="" type="checkbox"/> Add
		Orlando, FL, 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mateo Quimbayo Florez	5340 CAMELLA DR	<input checked="" type="checkbox"/> Add
		Orlando, FL, 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee