

L21 000 078 595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

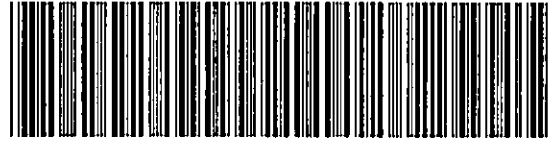
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FL

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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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 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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 OCT 03 AM 9:42
remove
change
Add
SECRETARY OF STATE
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 10/06/2021


Signature of a member or authorized representative of a member

Nidia Florez Giglioli

Typed or printed name of signee