## 121000117233

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Estity Name)
(Business Entity Name)
(Document Number)
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2021 DEC 13 114 2-24

A. BUTLER JAN - 3 2022

## **COVER LETTER**

Division of Cor	porations		
SUBJECT: TREMBI	_AY AG SOLUTIONS, I	_LC	
or in the state of		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Corpor	ate Maintenance Le	ad
		Name of Person	<del></del>
	Proc	essing Department	
		Firm/Company	<u></u>
	1	1450 Vassar St	
		Address	
		Reno, NV 89502	
		City/State and Zip Code	
		locs@incauthority.com	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Process	ing Department	at ( 800 ) 638-2320	
Name o	of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for t	he 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:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TREM	IBLAY AG SOLUTIONS, LLC	2021 DEC 13 PK 2-20
( <u>Name of the Limited I</u> (A	liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabi Florida document number L21000117233	lity Company were filed on 03/11/2	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
	COCOA ACRES, LLC	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET)		
transfer and the second		
	- <del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	•	ecords, enter the name of the ne
Name of New Registered Agent:		
radio vi rece registered regelli.		
New Registered Office Address:	Enter Florida stree	t uddress
-	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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
			☐ Change
			Remove
			Change
			Remove
			Change

	<del></del>
	<u> </u>
Effec	tive date, if other than the date of filing: N/A (optional) Bective 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 605.020
Note	ffective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on each day after the record is filed.
Dated	December 3  2021  Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00