

h21000117502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

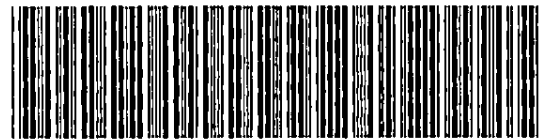
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/28/21--01012--011 **25.00

2021 JUL -2 AM 7:30

J. SIMMONS

JUL 06 2021



RECEIVED

2021 JUL -2 PM 3:02

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2021

RENEE JOHNSON
17700 BROADWAY AVE
FT MYERS BEACH, FL 33931

SUBJECT: LIT COCO LLC
Ref. Number: L21000117502

We have received your document for LIT COCO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

IN ORDER TO AMEND, THE ENTITY MUST BE IN ACTIVE STATUS ON OUR RECORDS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 021A00012924

Active

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LitCOCO 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:

Renee Johnson
Name of Person
LitCOCO LLC
Firm/Company
17700 Broadway Ave
Address
Fort Myers Beach FL 33931
City/State and Zip Code
LitCOCO@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renee Johnson at (239) 878-7797 OV
Name of Person Area Code Daytime Telephone Number
Michael Carey - 239-671-7989

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2021 JUL -2 AM 7:30

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L21000117502

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

17700 Broadway Ave
Fort Myers Beach FL
33931

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17700 Broadway Ave
Fort Myers Beach FL
33931

B. If amending the registered agent and/or registered 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

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Renee Johnson	17700 Broadway Ave	<input type="checkbox"/> Add
		Fort myers Beach FL	<input checked="" type="checkbox"/> Remove
		33931	<input type="checkbox"/> Change
AMBR	Renee Johnson	17700 Broadway	<input checked="" type="checkbox"/> Add
		Ave Fortmyers Beach	<input type="checkbox"/> Remove
		FL 33931	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2021 JUL -2 AM 7:30

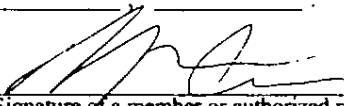
E. Effective date, if other than the date of filing: _____ (optional)

(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 _____


Signature of a member or authorized representative of a member

Michael Caney
Typed or printed name of signee