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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

TO: Registration Sec Division of Corp			
SUBJECT:Ju5	COCON'S HOL	DING Company ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
		Name of Person	
	JUST COC	Firm/Company	eapany
	650 CAPON	4 terr	
		Address	, ") (, ")
	Sents MAN	City/State and Zip Code	
	Pda++0 E-mail address: (6	to be used for future annual report notif	ication)
For further information control of the second secon	oncerning this matter, please co	at (540) 692 Area Code Daytime	- 5848 - Telephone 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of 7	rporations
Tallahassee,	FL 32314	2410 IN. WIOHIC	ogano

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

JUST COCONUTS HOLDING COMPANY

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

(A Florida Limited Liability Company)

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears Jability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2100014752</u> 0	were filed on	130/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de-	signation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			227
			:
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			· .
		- -	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, <u>enter the name</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and ag	ree to act in this c	capacity. I further agre	re to comply with t

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 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>	Name	Address	Type of Action
AMBR	Peter DATTOLI	650 CAPON HOVALE SebASTIAN FL 32958	🗀 Add
		SebASTIMO FL 32958	Remove
	ρ ,		□ Change
MER	PAUL DATTOLI	Segnsian FL 32958	□Add
		SeSASIAN FL 32958	□Remove
			Change
			Change
			Remove
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If amending any other information, enter change(s) here: (Attach additional s.	heets, if necessary.)
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	·.
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the applicable stanutory filing required.)	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of thing of more to	uirements, this date will not be listed as
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th ord is filed.	e earlier of: (b) The 90th day after the
Dated 3 17 21	
Signature of a member or authorized representative of a	member
Pril A Darry!	
Typed or printed name of signee	

Filing Fee: \$25.00