## KZ1000161017

| (R                      | equestor's Name)       |        |
|-------------------------|------------------------|--------|
| (A                      | ddress)                |        |
|                         |                        |        |
| (A)                     | ddress)                |        |
| (C                      | ity/State/Zip/Phone #) |        |
| PICK-UP                 | ☐ WAIT                 | MAIL   |
| (B                      | Business Entity Name)  |        |
| ν-                      | , ,                    |        |
| (C                      | Occument Number)       |        |
| Certified Copies        | Certificates of        | Status |
| Special Instructions to | o Filing Officer:      |        |
|                         |                        |        |
|                         |                        |        |
|                         |                        |        |
|                         |                        |        |
|                         |                        |        |

Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corpo |  |  |  |
|--|--|--|--|
| SUBJECT:                                   | Coterie n                                    | narket ILC   |  |
| 30bJEC1                                    |  | nited Liability Company  |  |
|  |  |  |  |
| The enclosed Articles of Ar                | nendment and fee(s) are sub                  | omitted for filing.  |  |
| Please return all correspond               | ence concerning this matter                  | to the following:  |  |
|  | }  | kate Yeung   |  |
|  |  | Name of Person   | · · · · · · · · · · · · · · · · · · ·  |
|  | (0)  | terlemarket  | LLC  |
|  |  | Firm/Company   | ······································   |
|  | 726 1  | VE 4M St<br>Address  |  |
|  |  | Address  |  |
|  | <u> Gainesvi</u>                             | City/State and Zip Code  City/State and Zip Code | 2601   |
| -  | KAIE YE<br>E-mail address: (                 | UNG @ COTONOMIA TOP  | UKET.UYG port notification)  |
| For further information conc               |  |  |  |
| KUR Yes                                    | ng   | at ( <u>850</u> )<br>Area Code   | 194-8182   |
| Name of Fe                                 | rson   | Area Code  | Daytime Telephone Number   |
| Enclosed is a check for the fo             | ollowing amount:                             |  |  |
| □ \$25,00 Filing Fee                       | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclose  | \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (oterie Ma  | rket LLC   |
|---|--|
| (Name of the Limited Liability Compar<br>(A Florida Limited L   | ny as it now appears on our records.) hability Company)            |
| The Articles of Organization for this Limited Liability Company Florida document number                             | were filed on <u>April 7<sup>th</sup>, 2021</u> and assigned       |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liabi  | lity company here:   |
| The new name must be distinguishable and contain the words "Limited Liabili   |  |
| Enter new principal offices address, if applicable:   | 726 NE 4th St<br>Cainesville, FL, 32601                            |
| (Principal office address MUST BE A STREET ADDRESS)   | Camesville, FL, 32001  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                | 726 NE 4th St<br>Gamewille, FL, 32601                              |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter the name of the new registered</u> |
| 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 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    |
|--------------|---------------------------------------|--|-------------------|
| MOR          | kate yeung                            | 726 NE 4m St                           | []\/Add           |
|              | · · · · · · · · · · · · · · · · · · · | TZG NE 4m St<br>Gainesville, FL, 32601 | □ Rетюче          |
|              |                                       |  | □Change           |
| <del></del>  |                                       |  |                   |
|              |                                       |  | □Remove           |
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|              |                                       |  | DRemove           |
|              |                                       |  | ,)<br>⊊<br>Change |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|---|
| Kate Yeung is supposed to anginally also be a   |
| manager, not just a registered agent so   |
| were adding her as well as changing the   |
| office address since we just moved.   |
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|   |
| E. Effective date, if other than the date of filing:  |
| 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. |
| $T = \frac{1}{2}$   |
| Dated July 16 , 2021  Braden Remirez.  Signature of a member or authorized representative of a member   |
| Braden Ramirez.   |
| $\sim$  |
| Braden Ramirez Typed or printed name of signee  |