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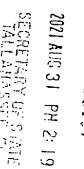
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration S Division of Co	ection rporations					
FINE TUP SUBJECT:	NED FRENCHIES LLC					
	Name of Lit	mited Liability Company				
	Amendment and fee(s) are su					
	CASTILLA, DANIEL					
		Name of Person				
		Firm/Company				
	643 W 64TH DR					
		Address				
	HIALEAH, FL 33012					
	DCASTILLA89@YAHOC	City/State and Zip Code	:		7	
	E-mail address:	(to be used for future annua	report notification)			
For further information c	oncerning this matter, please c	call:				Total Tre
CASTILLA, DANIEL		786 39)3-3859 (CELL PF	IONE)		المنظم المنطقة المنطقة المنطقة المنطقة
Name o	f Person	Area Code	Daytime Telepho	one Number		
Enclosed is a check for th	c following amount:					
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status Certified Copy is enclosed:		\$60.00 Filing Certificate o Certified Co (additional copy	f Status & - py		
Mailing Address	<u>::</u>	Street A	ddress:			

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

FINE TUNED FRENCHIES LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) [Liability Company]	
The Articles of Organization for this Limited Liability Compan	y were filed on JULY 1st, 2021	and assigned
Florida document number 1.21000304151		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
COHIBULLZ LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		20 2
		728 T
		73 US
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		RA P IT
A STATE OF THE STA		70 N 3
		7 19
B. If amending the registered agent and/or registered office	address on our records, enter the	**
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	រុ
	City	aZip 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>	Address	Type of Action
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NOTE:	If the date inserted in ent's effective date or	this block does i	not meet the api	olicable statutoi	ry filing requireme	nts, this date will	not be lis	ted as t
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Dated _	AUGUST 13th		2021					
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		Significan	of a mambar or a	uthorizad sassa	ntative of a member			
		Signature	or a socinoer of a	mmorizen represe	manye ora member			
	Daniel Castilla							