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(Reque	stor's Name)
(Addres	ss)	
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21 SEF 23 FH 3: 05

COVER LETTER

	Registration Se Division of Cor			
CLID HEZ		APITAL LLC		
SUBJEC	.1:		nited Liability Company	
The encle	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		FACUNDO MARIA PER	EZ	
			Name of Person	
		COCOA CAPITAL LLC		
			Firm/Company	
		1228 WEST AVE. #211		
			Address	
		MIAMI BEACH, FL 3317	79	
			City/State and Zip Code	
		cufaperez l@gmail.com	to be used for future annual report not	ification)
For furthe	er information co	oncerning this matter, please c	·	meanon)
		-		
	DO MARIA PEI		305 842-6459 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	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 S Division of Co P.O. Box 632 Fallahassec, F	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SEF 23 PH 3: 05

COCOA CAPITAL LLC

(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 Florida document number $\frac{1.21000401951}{1.21000401951}$.	were filed on Septemb	per 10, 2021 and assigned
Florida document number		
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	ity Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	ls, enter the name of the new register
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
		Florida Zip Code
	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

100	.: -	

<u>Title</u>	Name	Address 21 SEP 23 PH 3: 06	Type of Action
MGR	MARTIN F. ACOSTA VILLA	José Bosmediano 11-50 y Carlos Guerrero	≘ Add
		Quito - ECUADOR	□Remove
		Zip Code 170516	□ Change
			□ Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
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			☐ Change
			□Add
			□Remove

	at the second second
	21 SE# 23 PH 3: 06
Effective date, if other than the date of filing:	September 14, 2021 (optional)
Note: If the date inserted in this block does not meet	the applicable statutory filing requirements, this date will not be listed:
document's effective date on the Department of State	's records.
e record specifies a delived effective data, but not an a	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
rd is filed.	the critice time, at 12.01 a.m. on the earlier of: (b) The 90th day after th
September 14 20	021
Dated September 14 20	<u>~~</u> /{
	1/0
Signature of a member	ber or authorized representative of a member

Typed or printed name of signee