Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Co	orporations : (850)617-6383				
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From:	Account Name	: SORSHER & ASSO	CIATES, LLC			
	Account Number	r : 120170000056	•			9: 24
		: (954)842-2931 : (954)842-2936				-
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COVER LETTER

	egistration Sivision of Co						
SURIFCT	COCOMANGO TRAVEL, L.E.C. Name of Limited Limbility Company						
	· 	Name of Un	nited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are su	bmitted for filing				
		ondence concerning this matte	•				
		SEKULOV, MITKO					
		·	Name of Person				
		COCOMANGO TRAVE	L, L.IC.				
			FimvCompany				
		801 THREE ISLANDS B	LVD. 520				
			Address				
		HALLANDALÉ BEACH					
			City/State and Zip Code	-			
		mitkosekulov@hotmail.com					
For further i	nformation a		to be used for fitture annual report not	dification)			
cor furnier i	mormation ¢	oncerning this matter, please o	áll:				
SEKULOV	, MITKO		561 480-7878				
	Name o	l Person	at () Area Code Duylin	ne Telephone Number			
Enclosed is:	a check for th	ne following amount:					
\$25.00	Filing Fee	(7) \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	iling Addres gistration S		Street Address:	oution.			
	-	orporations	Registration So Division of Co				
), Box 632 Hahassee, F		The Centre of	l'allahassee			
19	nanassee, I	LP 26314	2413 N. Monro	e Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

100 Con 11 M 9: 24 COCOMANGO TRAVEL, L.L.C. (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 09/24/2021 and assigned Florida document number L21000421721 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 "LLC." 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 OF FICE BOX) 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 audress

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 occept 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

_. Florida ___

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

Title	<u>Name</u>	Address	Type of Action
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		MIAMI, FL 33137	
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		-	LTChange
			∏Add
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record specifics a delayed effect is filed.	ive date, but not an effe	ective time, at	12:01 a.m. on t	he earlier of: (b)	The 90th day at	ter the
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Filing Fee: \$25.00