Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H21000418278 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

135 COCO PLUM LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00



Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

135 COCO PLUM LLC.			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records, and Liability Company)		
he Articles of Organization for this Limited Liability Compar	ny were filed on 10/29/21	and as	signed
lorida document number L21000471301			
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited lia	ability company here:		
CEAN VIEW VACATIONS, LLC.			
e new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	he abbreviation "I	.L.C."
nter new principal offices address, if applicable:		.	
rincipal office address MUST BE A STREET ADDRESS)			
nter new mailing address, if applicable:			
Aailing address MAY BE A POST OFFICE BOX)			
			_
	<u></u>		
. If amending the registered agent and/or registered offic	e address on our records, <u>enter tije</u>	name of the ne	w registe
ent and/or the new registered office address here:		14 A. S	9 <u>8 0</u>
Name of New Registered Agent:			=
New Registered Office Address:		<u> </u>	<u> </u>
	Enter Florida street address		x
	, Florid	a	
	City	⊆ap coa _l	<u>ည</u> —

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.

Change

LAZARUS CORPORATE

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
			□Remove
····			
			□Remove
			Change
			□Remove
			Change
			□AdJ
			□Remove
			□Change
	 -		□Remove
			Change
			□ Rепюче

						.
-						-
						•

	<u> </u>			<u> </u>		_
		÷		~		÷
					~~ ~~~~	~
	**************************************	· · · · · · · · · · · · · · · · · · ·				-
						-
5						
					,	
					 ;	
		<u> </u>				<u></u> .
· · · · · · · · · · · · · · · · · · ·						
						_
<u></u>						***
				.	, , , , , , ,	
	, .			-		
<u> </u>						
fective date, if other than	the dete of filing:		(option	al)		N
n effective date is liked, the duse the: If the date inserted in this	and the second s	prior to done of filing or	more than 90 days after fil	ling.) Pursu	ient to 6 or be li	05:02 Isled
cument's cfloctive date on the	re Deboument of State state	cords.	My confess or married and			
				سے عا		
coord specifies a delayed effi-	eclive date, but not an effect	tiye time, at 12:0) a.m	on the earlier of (ii)	The 90th	। वेद्धाः	fler t
				 	AON	
is filed.					_	1
11/600	ŻΙ			L^ _	<u></u>	, =
	21	·			2	FIL ED
11/600	Jackim 4	To the state of th)	<u></u>	2 4 5	11

min i Baraa