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COVER LETTER

TO:

TO: Registration So Division of Cor			
SUBJECT: A 10	O WAGA COCH	mas LLC	
<u> </u>	O WOOD COCH Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Overter	Voiduia	
		Name of Person	
		Firm/Company	
	2877.51	N 130 terr	
		ar FL 3302	
		City/State and Zip Code	
	OVEYAUY E-mail address: (O @ ON COCF . C Cr	(fication)
For further information c	concerning this matter, please co	all:	
Or every	Veraura of Person	at (954) 477 - Area Code Daytim	re Telephone Number
Enclosed is a check for the	he following amount:		
525.00 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		Street Address:	ation
Registration 9 Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED The Articles of Organization for this Limited Liability Company were filed on Florida document number_L22000233935 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 OFFICE 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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
MGR	Beatriz Herrera	2877 SW130terr	
		Miramar, FL 33027	#IRemove
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