L22000351937

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COVER LETTER

Division of Corp	oorations			
CUDIECT.	мімі тн	ING WHIT COCO L	LC	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		Sonia Becerra		
		Name of Person		
		Swyft Filings		
		Firm/Company		· · · · · · · · · · · · · · · · · · ·
		3 Greenway Plaza #13	320	
		Address		· •
		Houston, TX 77046	5	
		City/State and Zip Code		 ,
	m	anyfindqb93@gmai	il.com	
	E-mail address: (i	to be used for future annual r	report notification)	
For further information co	ncerning this matter, please ca	all:		
Sonia Be	сепа	at ()	777-0450	
Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is a check for the	e following amount:			
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

MIMI THING WHIT COCO LLC

(Name of the Lin	ited Liability Compar (A Florida Limited L	ny as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited Electrical L220003519		were filed on	08/10/2022	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liabi	ility company her	<u>·e</u> :	
	Find At Elder Sv			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	6271 St Aug	ustine Rd Ste 24	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRE		Jacksonville	e, FL 32217	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6271 St Au Jacksonville	gustine Rd Ste 24 e, FL 32217	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our re	cords, <u>enter the nan</u>	ne of the new regis
Name of New Registered Agent:	\mathcal{M}	atechly	Only	
New Registered Office Address:	6271 St A	ugustine Rd Ste	e 24	
	Jackson		aa street aaaress . Florida	32217
		City	, Fibrida	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 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>	Name	Address	Type of Action
A MBR	MATECHLY ONLY	6501 ARLINGTON APT 2007	
		JACKSONVILLE, FL 32211	Remove
			□ Change
AMBR	MATECHLY ONLY	6271 St Augustine Rd Ste 24	X Add
		JACKSONVILLE, FL 32217	Remove
			□Change
			□Add
			SRemove
			□Change
		· · · · · · · · · · · · · · · · · · ·	
			□Remove
			□ Change
			□Add
			□Remove
			Change
	 		□ Add
			□Remove
			□Change

	
If an effective Note: If th	date, if other than the date of filing:
e record spord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	7/25/23
<u></u>	Material Ost
X .	Signature of a member of authorized representative of a member