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TO: Registration Division of	n Section Corporations		
Compation, 110	c		
	Name of Limi	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	ai Fesianiata Carril I c		
		Name of Person	
	COCD & LAMP, 110		
	,	Firm/Company	
	235 N. CDCCM6/E ( N.		
		Address	<del></del> -
	Misery Blastic, FL 331'98		
	Materiaco e silo i félé grapa com	City/State and Zip Code	
	E-mail address: (t	to be used for future annual repo	rt notification)
For further information	on concerning this matter, please ca	all:	
ALF39ANCER CAPPILLO		at ()	
Nar	ne of Person	Area Code E	Daytime Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25,00 Filing Fee	c	S55,00 Filing Fee & Certified Copy (additional copy is enclosed	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COCQ A (ANF, LLC					
(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears on o liability Company)	ur records.)		
The Articles of Organization for this Limited L	Liability Company	were filed on		_ and assig	gned
Florida document number					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liabi	lity company here:			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designa	ation "LLC" or the abbre	viation "L.L.	. <del>C</del> ."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
		<del></del>		SECR TAI	3
Enter new mailing address, if applicable:				- गि	<u></u>
(Mailing address MAY BE A POST OFFICE	BOX)			<u> </u>	2 -
				SSEE,	
B. If amending the registered agent and/or agent and/or the new registered office address		ddress on our record	ls, <u>enter the name o</u>	Ethernew .	registered
Name of New Registered Agent:	ALESSAMINEN CAMELLO				
New Registered Office Address:	ZZS N. COCCONUT LIN	4444			
	_ <del>_</del>	Enter Florida str	rvet address		
	MAME SEACH		, Florida ===		
		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 Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 515D99A5-00CA-4FE2-9FA6-372BB5247278 in amending Authorized rerson(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>	<u>Address</u>	Type of Action
MCA	ALFSSANDER CARRILLO	226 N COCOMUT EN Millert Breezh, FE 33136	
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f amending any other inforn	ation, enter change(s) here:	(Attach additional sheets, if necessary.)	
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Effective date, if other than the date in the date in the date inserted in this document's effective date on the	block does not meet the applicab	(optional) date of filing or more than 90 days after filing.) Pursual le statutory filing requirements, this date will not	nt to 605.0207 be listed as
e record specifies a delayed effect rd is filed.	ive date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th d	lay after the
octoberanin Dotod	2007		
Dated	7	DocuSigned by:  DocuSigned by:  DocuSigned by:  B18D4B80337C45  3EB8A39C6C3D4FB	
	Signature of a member or authorize		
DRI FERTE KALIFER DAN BEGLIA STHER, ING			
<del></del>	Typed or printed	name of signee	<del></del>

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