## L22000452969

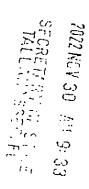
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## **COVER LETTER**

Division of Corp	porations		
SUBJECT: COCOM	10 COTTAGES, LLC		
		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:	
		Juan J. Rodriguez	
	<del></del>	Name of Person	<del></del>
	COC	COMO COTTAGES, LLC	
		Firm/Company	
	400		2022 NOV 30
	139	5 Brickell Avenue, Ste 700  Address	<u></u>
			30
		Miami, FL 33131	
	au	City/State and Zip Code eo@careyrodriguez.com	بي ري ماري د التي التي التي التي التي التي التي التي
	· · · · · · · · · · · · · · · · · · ·	to be used for future annual report notific	cation)
For further information co	ncerning this matter, please c	all:	
luon 1	Dodring		
Name of	Rodriguez	at ( 305 ) 356-5488 Area Code Daytime	Telephone Number
			,p,
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☐ \$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)
Mailing Address	<u>:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

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

COCOMO COTTAG	GES, LLC
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L22000452969</u> .	filed on October 20, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	一
<u> </u>	w
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	111
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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nn effective date i ote: If the date	if other than the is listed, the date must be inserted in this bettive date on the l	ast be specific as block does not	nd cannot be pri	icable statuto	ing or more than 9	(option 0 days after filements, this d	ling.) Pursu	ant to 605. ot be liste	.0207 / ed as i
record specifies is filed.	a delayed effecti	ve date, but no	ot an effective	time, at 12:0	I a.m. on the ea	rlier of: (b)	The 90th	day after	the
nted	Nove	mber 29	. 2022	— <u>;</u>					
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Filing Fee: \$25.00