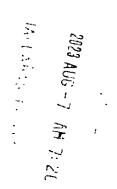
L22000487666

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
		
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: Covacola L	Name of Lim	ited Liability Company	
		, ,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Valerie Brizuela Mahon		
		Name of Person	
	Covaçola LLC		
		Firm/Company	
	1732 Bayview Dr.		
		Address	
	Sarasota, FL 34239		
	valeriebmahon@gmail.com	City/State and Zip Code	
	• • •	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Valerie Brizuela Mahon		at (305) 798-3663	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 Addres		Street Address:	ction
Registration S Division of C		Registration Sec Division of Cor	porations
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Covacola LLC (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 8, 2023 Florida document number L22000487666 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 "L.L.C." 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: Valerie Brizuela Mahon Name of New Registered Agent: 1732 Bayview Dr. New Registered Office Address: Enter Florida street address Sarasota

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 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
			□Add
			□Change
			□Add
			□Remove
		£	□Change
			
			□Remove
			□ Change
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	the Department of	Totale 3 records.			
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cument's effective date of ecord specifies a delayed of is filed.	effective date, but n	not an effective tir	me, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
cument's effective date or ecord specifies a delayed or is filed.	Brings	- · 2023	ne, at 12:01 a.m. or		The 90th day after the

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