# La300010174

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(Ci	ty/State/Zip/Phone #)	_
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	_
(Dc	ocument Number)	_
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Certified Conies	Certificates of Status	
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Special Instructions to	Filing Officer:	
	J. HORNE	
	MAR 1 7 2023	
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Office Use Only



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SECRETARY TANK

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

COCONUT 403 LLC		}
Please Debit I20000000	)257 For: <sup>25</sup>	
Thank you Seth Neeley		
Thank you self Neeley		
At 1/2/	<del></del>	Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Jighature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
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Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

#### 91

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 MAR 16 AM 9:38

COCONUT 403 LLC	SECRETALLY (*) TALLABASSEE
(Name of the Limited Liability Company as It now as (A Florida Limited Liability Compa	any)
The Articles of Organization for this Limited Liability Company were filed or	n FEBRUARY 9, 2023 and assigned
Florida document number L3000061794	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
COCOS 403 LLC	
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 o	ur records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	r Florida street address

#### 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 Title Name Address Type of Action \_\_\_\_\_ □Add \_\_\_\_\_\_ Remove \_\_\_\_\_ □Add \_\_\_\_\_ CRemove \_\_\_\_\_ DChange ☐Change \_\_\_\_\_\_ CIRemove \_\_\_\_\_\_ 💹 💆 🗀 Add □Remove \_\_\_\_\_ □Change \_\_\_\_ DAdd

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Effect	ive date, if other than the date of filing: (optional)
(If an of: Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	MARCH 16, 2023.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00