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(Requestor's Name)	_
(Address)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(0)	_
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	١
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Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

TO:

Coates to C SUBJECT:	Coates, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jamall Coates		
		Name of Person	_
	Coates to Coates, LLC		
		Firm/Company	-
	20340 NE 15th Ct Suite 8	9	
		Address	_
	Miami, Florida 33179		
		City/State and Zip Code	_
	coatestocoatesilc@gmail.co	m	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	
Jamall Coates		786 508-9901 at ()	
Name o	of Person	Area Code Daytime Telephone Number	er
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite	8 10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coates to Coates, LLC
(Name of the Limited Liability Company as it now appears on our reco

(A Florida Limited Lia	y as it now appears on our recor ability Company)	<u>as.</u>)	
The Articles of Organization for this Limited Liability Company with Florida document number L23000224996.	vere filed on <u>05/08/2023</u>	and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LL.	C" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		2023 K.A.	
Enter new mailing address, if applicable:			•
(Mailing address MAY BE A POST OFFICE BOX)		22	·
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B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>ente</u>	r the name of then	ew register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, F	lorida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Cod	e
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, a	ınd I am familiar w	ith and

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Jamall Coates	20340 NE 15th Ct, Suite 89, Miami, FL 33179	= Add
			□ Remove
			□Change
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			□Change

Tani tooking to add or amend the	: LLC document to reflect that I a	m the sole owner of Coates t	o Coates, LLC
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			2023 H.A.
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tive date, if other than the da ffective date is listed, the date must be If the date inserted in this block ment's effective date on the Depa	specific and cannot be prior to date of does not meet the applicable stat	(opti filing or more than 90 days after utory filing requirements, thi	r filing.) Pursuant to 605.
ord specifies a delayed effective da filed.	ite, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after
d May 15th	2023		
	Len nature of a member or authorized rep		