Īo:

## Florida Department of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000269977 3)))



H240002699773ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : 120230000190 : (844)449-3624 Phone : (512)597-0678 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **COCONUTS CRY TOO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 1 3 2024 K. Brumbley

	rgistration Sc ivision of Cor			
ero rece		Try Toe LLC		
SUBJECT	: <u> </u>	Name of Lin	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	m all correspo	ndence concerning this matter	to the following:	
		Jonathan Taboada		
		<del></del>	Name of Person	
		ZenBusiness INC		
		<del></del>	Firm/Company	<u> </u>
		336 E. College Ave Suite	301	
		<del></del>	Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
			to be used for future annual report not	dication)
For further	information c	oncerning this matter, please c	all:	
c/o ZenBu	isiness INC		844 493-6249 at ()	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	e 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)
R D P.	alling Address egistration S ivision of C O. Box 632 allahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monto Tallahassee, FI	rporations Fallahassee se Street, Suite 810

To:

# 2024-08-13 06:55:50 UTC+14 18506176383 ARTICLES OF AMIENDMENT TO ARTICLES OF ORGANIZATION

### ARTICLES OF ORGANIZATION OF

Coconuts Cry Too LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as It now appears on our records.)  a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number $\frac{123000238470}{123000238470}$	Company were filed on 08/12/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST RE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	City Zip Cone
New Registered Agent's Signature, if changing Registered	d Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered as being filed to mercly reflect a change in the registere	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability
New Registered Office Address:  New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and can accept the obligations of my position as registered agenta	Cuv  Agent:  and agree to act in this capacity. I further agree in comply with analogent as provided for in Chapter 605, F.S. Or, if this document and office address, I hereby confirm that the limited liability

II Changing Registered Agent, Signature of New Registered Agent

_		
ř		
H	n	
ш	11	

Р	age:	4	οí	5
	~ w.		VΙ	•

Page: 4 of 5 2024-08-13 06:55:50 UTC+14 18506176383 From: ZenBusiness User in amending Authorized rerson(s) authorized to manage, enter the title, hame, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Andres Schiling	700 Southwest 1st Street Unit 604	
		Miami, FL 33130-1206	
		US	□ Change
			🗖 Add
			□ Remove
			Change
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
			□ Change
			Remove
			ПСһяпде
			□Add
			□Remove

-	
~	
-	
-	
-	<del></del>
_	
_	
-	
-	
-	
_	
-	
an effe lote:	ve date, if other than the date of filing:
record lis fik	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 99th day after the
	08/12 , 2024
ated_	
ated _	/s/Juson Dejavichitlert
ated _	/s/Juson Dejavichitlert  Signature of a member or authorized representative of a member