Division of Corporations

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COVER LETTER

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	Registration Sec Division of Corp				\$ 9
SUBJEC	4 f r	СООПІТ	DJET SKI LLC	e' - € ⊁	
SUBJEC		Name of Limi	ited Liability Company		
		mendment and fec(s) are sub-	-		
Please reti	urn all correspon	dence concerning this matter	to the following:		
		LOVETTE DOBSON			
			Name of Person		-
			Firm/Company		
		17350 STATE HWY 249 S			
			Address		
		HOUSTON TX, 77064			
			City/State and Zip Code		
		F-mail address: (1	M o be used for future annual report	potification)	
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LOVETT	E DOBSON			-462-3453	
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Enclosed	is a check for the	following amount:			
■ \$25.0	90 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ci Ci	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
	Mailing Address:		Street Addres		
	Registration Se Division of Co		Registration Division of	Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

(((H23000218476 3)))

	COQUITO JET	SKILLC			
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Lia Florida document number		were filed on	05/17/2023	·	and assigned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	ility company her	<u>e</u> :		
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the des	signation "LLC" or	the abbrevi	ation "L.L.C."
Enter new principal offices address, if applica	błe:	7306 Sereno Ct U	Init #102		
(Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33634			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE IS	<u>30X)</u>	7306 Sereno Ct U Tampa, FL 33634			
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:			cords, <u>enter the</u>	name of	22
New Registered Office Address:	7,400 agrend C1		la street address		2
	Tampa		, Florid	ia 33634	
		City		Z	ip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000218476 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Brian Ferreira	7306 Sereno Ct Unit #102	□Add
		Tampa, FL 33634	
			≘ Change
			□Add
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			□Change
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Iffective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be pri- does not meet the appl	icable statutory filin	(option fore than 90 days after fi g requirements, this c	ling.) Pursuant to 605.0205
record specifies a delayed effective da d is filed.	de, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
June 19th Pated		- ·		
Sig	Bri	un Remin	1a	
Sig	nature of a member or an	horizeit representative	of a member	

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