

L23000287191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

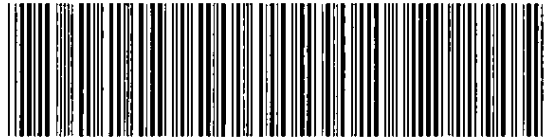
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/23/23--01032--014 **35.00

2023 JUN 23 AM 9:54

August 14, 2023

ANRES BORAL
COCONUT POINT PROFESSIONAL SUITES LLC
23150 FASHION DRIVE SUITE 230
ESTERO, FL 33928 US

SUBJECT: COCONUT POINT PROFESSIONAL SUITES LLC
Ref. Number: L23000287191

We have received your document for COCONUT POINT PROFESSIONAL SUITES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM
7. LIST
ENTER SELECTION AND CR:

2023 AUG 13 AM 9:54

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a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 123A00018555

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM
7. LIST
ENTER SELECTION AND CR:

4:56 PM 8/2/2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coconut Point Professional Suites, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andres Boral

Name of Person

Coconut Point Professional Suites

Firm/Company

23150 Fashion Drive Suite 230

Address

Estero

City/State and Zip Code

FL 33928

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andres Boral

at (239)

6920509

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
JAN 11 2006

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COCONUT POINT PROFESSIONAL SUITES 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 06/14/2023 and assigned
Florida document number 123000287191.

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida Zip 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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Andres Boral	23160 Fashion Drive Suite 217, Estero FL 33928	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Andres Boral, LLC	23160 Fashion Drive Suite 217, Estero FL 33928	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Tyler Mattingly	23160 Fashion Drive Suite 217, Estero FL 33928	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Tyler Mattingly, LLC	23160 Fashion Drive Suite 217, Estero FL 33928	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective 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 (3)(b)

If the record 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 record is filed.

Typed or printed name of signee

7:77 PM - 23 AM 5:54