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(Requ	uestor's Name)	
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Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

TO: Registration Division of C			
	terprises LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing,	
Please return all corres	pondence concerning this matter	to the following:	
	Johnell Co€		
		Name of Person	
		Firm/Company	
	3703 Australian Court		
		Address	20
	West Palm Beach FL 3340	70	2024 FEB
	Cocjohnell@gmail.com	City/State and Zip Code	5
		to be used for future annual report notif	lication)
For further informatio	n concerning this matter, please c	all:	fication)
Johnell Coe		561 8008638	āi [‡]
Nam	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	or 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 Add Registration		Street Address: Registration Se- Division of Cor	
P.O. Box 6	5327	The Centre of T	allahassee
Tallahasse	e, FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J Coe Enterprises		
(Name of the Limi	ted Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited L. Florida document number L23000500234	iability Company were filed on 11/02/2023	and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "I	.t.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	The state of the s
Principal office address MUST BE A STREE	ET ADDRESS)	-17 00
		1, 3 2, 4 2, 4
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	<u>'</u>
B. If amending the registered agent and/or agent and/or the new registered office addre		ter the name of the new register
Name of New Registered Agent:	Ophnell Coe	
New Registered Office Address:	3703 AUSTRALIAN CENTER Florida street add	Court dress
	11 / 1/1 / /	Florida <u>33407</u>

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>	Name	<u>Address</u>	Type of Action
AMBR	Johnell Coe	3703 Australian Court	■Add
		West Palm Beach FL 33406	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
		_	Remove
			Change ·
			Remove
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