L24000022928

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Harney
(Document Number)
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800439186328

11/14/24--01025--001 **25.00

5054 FOR 11 COS VS02

S. PRATH

FLORIDA DEPARTMENT OF STATE Date: 11/14/24
RECEIVED FROM: Odaly 5 Oliva
the sum of Twenty Five Dollars \$ 25.00
the sum of Turenty Five Dollars \$ 25.00 For the following: Amendment
CoCo 36/2 LLC (124-27928) 800439186328 11/14/2401025001 **25.00
V. Herring for Secretary of State

COVER LETTER

TO: Registration Section

Division of Co.	rporations			
COCO 361	2 LLC			
SUBJECT:	Name of Limi	ted Liability Company	•	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all corresp	ondence concerning this matter t	to the following:		
	ODALYS OLIVA			
		Name of Person		
	TAX CAPITAL GROUP			
		Firm/Company		
	250 CATALONIA AVE SUITE 701 A			
		Address		
CORAL GABLES, FLORIDA 33134				
	<u></u>	City/State and Zip Code		
	INFO@TAXCAPITALGP.			
	E-mail address: (to be used for future annual report notifi	cation)	
For further information	concerning this matter, please ca	all:		
ODALYS OLIVA		305 589-4023		
Name	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,	
= 323.00 Finding For	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	•
ow appears on our records.) ompany)	• • • • • • • • • • • • • • • • • • • •
ed on 01/10/2024	and assigned
	Oz
npany here:	
any," the designation "LLC" or the a	bbreviation "L.L.C."
	
on our records, enter the nat	me of the new regi
77	
Enter Florida street address	
, Florida _	Zip Code
Ciŋ	Enter Florida street address , Florida _

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 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>	Address	Type of Action
MGR	GIOSUE CARDUCCI	10902 NW 83RD ST APT 214	= Add
		DORAL, FLORIDA 33178	□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			ПКетпоче
			□Remove
			Change
			□Remove
			Change
			□Add
			[]Remove

<u> </u>	
	-
ective date, if other than the date of filing: (option	onal)
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after te: If the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuant to 605.02 s date will not be listed
cument's effective date on the Department of State's records.	
ecord specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b	The 90th day after th
is filed.	•
OCTOBER 31 2024h	
OCTOBER 31 2024 _h	7.4 585
ted OCTOBER 31	
Signature of a mamber or authorized representative of a member	2024 ROSE DA

Filing Fee: \$25.00