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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO: Registration S Division of Co		·	
CALID ARTERIS	rik Sarkisian from Authorized R	epresentative to Manager	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Erik Sarkisian		
		Name of Person	
	COFFAN LLC		
		Firm/Company	
	12202 Club Dr		
		Address	
	Tampa,FL 33612		
	erik.sarkisian1308@gmail.c		2027
For further information	n-mail address: (concerning this matter, please e	to be used for future annual report notification) all:	1
Erik Sarkisian		813 7291996 at ()	
Name	of Person	Area Code Daytime Telephone Number	Γ.Ε. ω
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ie of Status &
Mailing Addre Registration	Section	Street Address: Registration Section	
Division of (P.O. Box 63	Corporations 27	Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COFFANILLC	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.)
The state of the s	pari.
The Articles of Organization for this Limited Liability Company were filed	on 01/19/2024 and assigned
Florida document number 1.24000037492	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any 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:	5 PS
••	
(Mailing address MAY BE A POST OFFICE BOX)	
	1 1
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	
agent and/of the new registered office address here.	
	, <u>π</u> ω
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
	Plante
	, Florida Zin 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 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	Address	Type of Action
MGR	Sarkisian Erik	12202 Club Drive	■Add
			□Remove
			≡ Change
			🗆 Add
			□Remove
			[]Change
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			Remove
			Change
			□Remove
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			□Remove
			ElChanga

		 			
					
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Tective date, if other than the date an effective date is listed, the date must be offer. If the date inserted in this block occument's effective date on the Department.	specific and cannot does not meet the	ot be prior to date to applicable st	of filing or more the atutory filing requ	(optiona in 90 days after filir direments, this da	ig.) Pursuant to 605.02
record specifies a delayed effective of is filed.	ate, but not an ef	fective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day after th
01/2029 nted	20:	24			
	_ ,	-			
	Tik	Sarkisia	epresentative of a n		

Filing Fee: \$25.00