## L24000081152

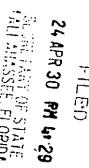
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## **COVER LETTER**

TO: Registration So Division of Con			
	TURES LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pamela Poveda		
		Name of Person	
	OCP TECH		
		Firm/Company	<del></del> -
	333 SE 2nd Av Suite 2810	),	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	<del></del>
	pam@ocp.tech		
		to be used for future annual report r	notification)
For further information of	concerning this matter, please c	all:	
Pamela Poveda		305 537 0800 at ( )	
Name c	f Person		time Telephone Number
Enclosed is a check for t	he 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 Addres Registration		Street Address: Registration	
Division of C	Corporations	Division of C	Corporations
P.O. Box 632 Tallahassee		The Centre o	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COC VENTURES LLC			
(Name of the Limited Liab (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Florida document number 1.24000081152	Company were filed on $02/14/2024$	and assigned	
Plorida document number	<del></del> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADL	ORESS)		
		2 T	
		ST O I	
Enter new mailing address, if applicable:			
		QT <b>5</b>	
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>		
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:		enter the name of the new registered	
New Registered Office Address:			
	Enter Florida street address		
		, Florida Zip Code	
	Ciţ	гір Сояк	
New Registered Agent's Signature, if changing Register			
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my duti agent as provided for in Chapter red office address, I hereby confi	es, and I am familiar with and 605, F.S. Or, if this document is	

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>	Address	Type of Action
MGR	Pamela Poveda	333 SE 2nd Av. Suite 2810, Miami, FL 33131	<b>=</b> Add
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			□Change
		<del></del>	🗆 Add
			□Remove
		<del></del>	□Change
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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be p a does not meet the ap	prior to date of filing or m plicable statutory filin	(option nore than 90 days after fil g requirements, this d	ing.) Pursuant to 605.0207 (
e record specifies a delayed effective d rd is filed.	ate, but not an effectiv	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
	2024			
March 21 Dated				
Dated March 21	130	(601)		
Jated	mature of a member or a	nuthorized representative	of a member	

Filing Fee: \$25.00