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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: COQUIN 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:	
COXTNEY MANN Name of Person	
Firm/Company	
33 PELICAN PLACE	
BELLEAIR FL 33756  City/State and Zip Code	
Emily@dedicated-tax.com  Emily@dedicated-tax.com  Emily@dedicated-tax.com	
For further information concerning this matter, please call:	
Dedicated Tax at (321) 327 854  Name of Person Area Code Daytime Telephone Number	<u>2.</u> A.
Enclosed is a check for the following amount:	
\$525.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$ \$60.00 Filing Fee \$\text{Certified Copy (additional copy is enclosed)}} \text{\$\frac{1}{2}\$ \$60.00 Filing Fee \$\text{Certified Copy (additional copy is enclosed)}} \text{\$\frac{1}{2}\$ \$60.00 Filing Fee \$\text{Certified Copy (additional copy is enclosed)}} \text{\$\frac{1}{2}\$ \$Certifi	f Status & Dy

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000114727</u> .	were filed on 3/06/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e 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 a	address on our records, enter the n	SECUL JUN 19 PR 1: AND SSEE, Facew registered anne of the Gew registered
agent and/or the new registered office address here:	<u> </u>	<u> </u>
Name of New Registered Agent:	_	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	TO W	-7

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	David Alan Mann	349 Pompano Dr.	LXAdd
		Melbourne Beach FL 3293	□Remove
		J 213	
	·		□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
		□Remove	
			□Change
			DAdd
		, P. 10 SE-1.	□Remove
			Changa

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an effect ote: H	e date, if other than the date of filing:
record s is tiled	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 l.
ated	JUNE 11 . 2024)
	Signature of a member of authorized representative of a member
	COURTNEY MANN, MANNAGER  Typed or printed name of signee

Filing Fee: \$25.00