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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

ammual report mailings. Enter only one email address please.\*\* ്റര്Email Address:\_\_

\*\*Enter the email address for this business entity to be used for future

🖫 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COCONUT MANAGEMENT LLC

Certificate of Status	0
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Page Count	04
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M. SOLOMON MAR 2 9 2024

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COCONUT MANAGEMENT LLC		
( <u>Name of the Limited Liability Co</u> r (A Florada Limi	mpany as it now appears on our record ted Liability Company)	<u>v)</u>
The Articles of Organization for this Limited Liability Compa	any were filed on 03/11/24	and assigned
Florida document number L24000120250		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
Coconut Agency LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	w · · · · · · · · · · · · · · · · · · ·	***
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		8024 HAR 29
		#AR
Enter new mailing address, if applicable:		N N
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered offi	ce address on our records, enter	the name of the new registere
agent and/or the new registered office address here:		
N (N D ) (1 D )		
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
		orida
	City	Zip 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.

3/29/2024 11:29:48-PDT To: 18506176383 Page: 3/4 Fax: 8134365206

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
			□Add
		<del></del>	Remove
			☐ Change
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			□Remove
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<del></del>			70
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			□Remove
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		<del> </del>	□Remove
			☐ Change
<del></del>	<del></del>		ClAdd
			□Remove
			☐ Change

E. Effective date, if other than the date of filing:	
	<del></del>
	<del></del>
	2024
	<b></b>
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E. Effective date, if other than the date of filing: (optional)	
E. Effective date, if other than the date of filing: (optional)	· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other than the date of filing: (optional)	
E. Effective date, if other than the date of filing: (optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Possible: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)—The 9 ecord is filed.	Oth day after the
Dated March 29 2024	
Signature of a member or aithorized representative of a member	

Typed or printed name of signee