



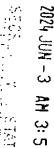
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500430587475

08/08/24--01010--021 **25.00



1074 || || || || -3 AN 3.5

COVER LETTER

CUB ICC		COCO TRAVEL LLC					
SUBJECT	l:	Name of Lim	ited Liability Company				
The enclos							
Please retu	ım all corresp	ondence concerning this matter	to the following:				
		LEYVA TORRES , AYMI	3				
		· · · · · · · · · · · · · · · · · · ·	Name of Person				
		COCO TRAVELLI.C					
		· · · ·	Firm/Company				
		12229 SW 250TH ST					
			Address				
		HOMESTEAD, FL 33032					
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · · ·			
		· · · · · ·					
				tification)			
For further	r information o	concerning this matter, please c	all:				
Gonzalez	, Henry						
	Name o	of Person	Area Code Daytii	me Telephone Number			
Castanadi	la a abaala Can	ha fallanina ananan					
		_					
■ \$25.00	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
	Anilian Add -	•••	Canada A J.J.				
	Andre Addre Registration		Registration S	ection			
E	Division of C	Corporations	Division of Co	orporations			
P	O. Box 632	27	The Centre of	Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COCO TRAVEL LLC		
(<u>Name of the Limited Liability Comps</u> (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number 1.24000180788	were filed on 04/17/202	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	 -	202
		Z
Enter new mailing address, if applicable:		ο ω
Mailing address MAY BE A POST OFFICE BOX)		
		3: 5
	·	₁₃₁ O
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records.	enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	0	, Florida Ziv Code
	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.

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
AMBR	Ayme Leyva	12229 SW 250TH ST, HOMESTEAD, FL 33032	□Add
			= Remove
			□Change
AMBR	Ayme Leyva Torres	12229 SW 250TH ST, HOMESTEAD, FL 33032	= Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
		 	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	· — — · · ·					
				1		
				•		
						
		 		**	<u>.</u>	····
•						
				-	 .	
		 .				
				2 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B	··· ·	
	<u> </u>			· · · ·		
						-
·· · · · · · · · · · · · · · · · · · ·	-			· ·		
				11.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.		
ective date, if other than to effective date is listed, the date te: If the date inserted in this ument's effective date on the	must be specific s block does n	and cannot be pot meet the ap	rior to date of fili plicable statuto	ng or more than 9		.) Pursuant to 605.020
cord specifies a delayed effects sfiled.	tive date, but	not an effective	e time, at 12:0	l a.m. on the ea	rlier of: (b) Th	e 90th day after th
ed 05/29		2024				
Harval	<u>_</u>	······································	uthorized repres			