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5/23/24, 11:28 AM

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ACCOUNTING AND MORE SERVICES INC

Account Number : I20220000172

Phone

(407)846-4810

Fax Number : (407)944-4810

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Registration Section

Tallahassee, FL 32314

TO:

COVER LETTER

Divi	ision of Cor	porations		
CETT TO CT	сосно у	TP LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	al) correspo	ndence concerning this matter	to the following:	
		COCHO IMILIC		
		COCHO VIP LLC		
			Name of Person	···
				· _
			Firm/Company	
		1312 DRAKE RIDGE DR	IVE	
			Address	
		KISSIMMEE FL 34744		
			City/State and Zip Code	
		info@nadiesabemas		
		E-mail address: (to be used for future annual report n	otification)
For further in	formation co	ncerning this matter, please co	ail:	
RAMON MANSON MONTEAGUDO			321 442-1286	
	Name of	Person	Area Code Days	ime Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address:		Street Address:	
_	istration Se	ection orporations	Registration S	
	Box 6327	^	Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COCHO VIPILLO

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05-14-2024 and assigned Florida document number L24000225252

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and consta 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:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered Agent:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 duttes, 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,

Enter Florida street address

, Florida

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	date on the Departme			omig requirements,	ins date with not be t	13100 62
record specifies a d is filed.	elayed effective date,	but not an effective	e time, at 12:01 a.:	n. on the earlier of:	(b) The 90th day a	fter the
05-23-		2024				
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Filing Fee: \$25.00