## L24000264387

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## **COVER LETTER**

Coctel de V SUBJECT:	ida LLC		
10BJECT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yeniley Lachel Morejon		
		Name of Person	
	Coctel de Vida LLC		
		Firm/Company	
	12771 SW 17TH TER		
	***************************************	Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI, FL 33175		
		City/State and Zip Code	,
	yenileylachel@gmail.com	to be used for future annual report notil	lication)
For further information c	oncerning this matter, please ca	·	icarony
Yeniley Lachel Morejon		786 304-8245	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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 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

Coctel de Vida LLC	
(Name of the Limited	Liability Company as it now appears on our records.)  Florida Limited Liability Company)
	bility Company were filed on 06/10/2024 and assigned
Florida document number L24000264387	
This amendment is submitted to amend the follow	ving:
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BY	<u></u>
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registers</u>
igent and/or the new registered office address	mere.
Name of New Registered Agent:	
New Registered Office Address:	
nan pagasasa since radios.	Enter Florida street address
	Florida
	City 7in Co.da

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	Yeniley Lachel Morejon	12771 SW 17TH TER MIAMI, FL 33175	□Add
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Note:	ye date, if other than the date of filing:
he record ord is file	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 ed.
Dated_	September +3 . 2024 .
	Signature of a member or authorized representative of a member
	Yeniley Lachel Morejon

Filing Fee: \$25.00