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(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190

Phone

Fax Number

: (844)449-3624 : (512)597-0678

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

| C41 | Address: | | | |
|-------|----------|--|--|--|
| rmaıı | Address: | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COCONUT PARADISE LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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Corporate Filing Menu

K. SALY

AUG 2 9 2024

Help

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Page: 2 of 4 Ĭo:

2024-08-29 10:47:04 UTC=14 CITCLES OF AMENDMENT

From: ZenBusiness Us F124000202420 3

TO ARTICLES OF ORGANIZATION OF

| To | 0 |
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| ARTICLES OF O | RGANIZATION 5 AV |
| O | F G |
| | 200 to 6 |
| Coconut Paradise LLC | ry as it now appears on our records.) my as it now appears on our records.) mability Company) were filed on 06/24/2024 and assigned |
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | ny as fenow appears on our records.) |
| (A Florida Cimited L | nability Company) |
| The Articles of Organization for this Limited Liability Company | were filed on 06/24/2024 and assigned |
| | |
| Florida document number L24000285215 | <u> </u> |
| This amendment is submitted to amend the following: | |
| A 16 17 A 15 A | the same and the same |
| A. If amending name, enter the new name of the limited liabi | my company nere: |
| | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity 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) | |
| | |
| | |
| | 9467 Greythrone Way |
| Enter new mailing address, if applicable: | Montgomery, AL 36117 |
| (Mailing address MAY BE A POST OFFICE BOX) | Montgomery, At 3011. |
| | |
| | |
| B. If amending the registered agent and/or registered office a | ddress on our records, enter the name of the new registered |
| agent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Tall Walter Silles (mailes) | Enter Florida street address |
| | Dovido |

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.

Cuv

II Changing Registered Agent, Signature of New Registered Agent

Zin Code

| Īo: | Page: 3 of 4 | 2024-08-29 10:47:04 UTC+14 | 18506176383 | From: ZenBusiness Usi |
|-----|------------------------------|--|----------------------------|-----------------------|
| | | authorized to manage, <u>enter the title</u> , | , name, and adoress of eac | n person veing added |
| | or removed from our records: | | | |

MGR = Manager AMBR = Authorized Member H24000289428 3

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|----------------------|-----------------------------------|
| AMBR | Ryan K. Atkinson | 9467 Greythorne Way | |
| | | Montgomery, AL 36117 | □Remove |
| | | | ■ Change |
| AMBR | Alyssa J. Atkinson | 9467 Greythorne Way | □Add |
| | | Montgomery, AL 36117 | □Remove |
| | | | ≡ Change |
| | | | |
| | | | Remove TALLAHASSIL FLORE Remare |
| | | - | PE DAGE 2: |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
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To:

| Court, Navarre Fl 32566. | | |
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| effective date is listed, the date mus | date of filing: be specific and cannot be prior to date of filing or more than 90 sek does not meet the applicable statutory filing requires | (optional) Edays after filing.) Pursuant to 605.020 ments, this date will not be listed a |
| | partment of State's records. | |
| cord specifies a delayed effective filed. | date, but not an effective time, at 12:01 a.m. on the ear | flier of: (b) The 90th day after the |
| August 28 | 2024 | |
| | | |
| /s/ Ryan Kyle Atkins | OH Signature of a member or authorized representative of a mem | |

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