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DEPARTMENT OF STATE
STATE OF CORPORATIONS
TALLAHASSEE, FLORIDA

24 JUL 29 PM 12: 0

A. PARISHANI AUG - 3 2024

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co						
	OCOPLUM, LLC		·			
SUBJECT:	Name of Lim	2024 JUL 29 DEPARTMEN DIVISION OF C				
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	mo=			
Please return all corresp	ondence concerning this matter	to the following:	PH I2: 07 OF STATE RPORATION E. FLORIDA			
	IRA L. KAHN, ESQ.		SE S			
		Name of Person				
	IRA L KAHN ATTORNE	Y AT LAW				
		Firm Company				
	20283 State Road 7, Suite	323				
		Address				
	Boca Raton, FL 33498					
	IRALKAHN@GMAIL.CC					
p care e		to be used for future annual report not	ification)			
	concerning this matter, please c					
Ira L. Kahn		954 925-8222 at ()				
Name	of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fce	☐ \$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 Addro		Street Address:				
Registration Section Division of Corporations		Registration Se Division of Co				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 JUL 29 PM 12: 07
DEPARTMENT OF STATE
DIVISION OF CORPORATION:
TALL AHASSEE, FLORIDA

3652D COCOPLUM, LLC

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

(> 2
The Articles of Organization for this Limited Liability C Florida document number 1.24000325296		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
3952D COCOPLUM, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>ente</u> i	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	328
	, F	lorida
	City	lorida 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 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 **Type of Action Title** <u>Name</u> Address _____ □Add _____ □Remove □ Change **T**Change \square Add __ _ □Remove _____ □Add _____ □Add □Remove

_____ □Change

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	Signatu	re of a member of	or authorized/repr	esentative of a mer	nber			
			Erna Moyal					
			r printed name o					

Filing Fee: \$25.00