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COVER LETTER

TO:

on rations		
DUARE	LLC	
	ited Liability Company	
nendment and fee(s) are sub-	mitted for filing.	
ence concerning this matter	to the following:	
OROMIE	OGION WD Name of Person	
COAQUI	ARE LLC	
3421 N	J.W. 7th Ave	E
MIAMI	FL. 3312	27
OOGION W	to be used for future annual report notif	COM Sication)
cerning this matter, please ca	all:	7
Herboom	at (786) 356-	-6575
erson	Area Code Daytime	: Telephone Number
following amount:		
□ \$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)
ction	Street Address: Registration Sec	ction
porations	Division of Con	porations
32314		allahassee e Street, Suite 810
	Name of Lim Name	Name of Limited Liability Company And RELLC Name of Limited Liability Company And Reconcerding this matter to the following: COAQUARE LLC Firm/Company 3421 N.W. 7th AVA Address MIAMI FL. 3312 City/State and Zip Code OCCION WD GO YA HOO. E-mail address: (to be used for future annual report notificerning this matter, please call: Herboon at 786, 356- erson at 786 Certificate of Status Street Address: Registration Second porations Street Address: Registration Second porations Street Address: Registration Second porations Control of Contro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COAQUARE	LLC				
(<u>Name of the Limited Liab</u> (A Flori	oility Comparida Limited L	ny as it now appea liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L 24 0003 E</u>	Company 3 7. 0	were filed on _	09-04-2	<u>024</u>	nd assigned
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the li</u>					
The new name must be distinguishable and contain the words "L	imited Liabili	ity Company." the c	esignation "LLC" or the	abbreviati	ion "L.L.C."
Enter new principal offices address, if applicable:		NA			
(Principal office address MUST BE A STREET ADL	DRESS)			٤,	
Enter new mailing address, if applicable:		NIA			: 1
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or register	red office a	address on our r	ecords, enter the n	ame of th	he new registered
agent and/or the new registered office address here			, <u></u>		
Name of New Registered Agent:	YA_				
New Registered Office Address:	//A	Enter Flo	rida street address		
		City	Florida	· ·	Code
New Registered Agent's Signature, if changing Registe	red Agent:	Cuy		Ζ.ιр	Code

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>	<u>Address</u>	Type of Action
MBR	JANE Letterboom	3421 NW THAVE MIAMI FL. 33127	_ √ Add
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an effective date is in ote: If the date is		specific and cannot be does not meet the	applicable statutor,	g or more than 90 days a y filing requirements.		
record specifies a is filed.	a delayed effective d	ate, but not an effec	ctive time, at 12:01	a.m. on the earlier of	f: (b) The 9	0th day after th
ated <u>OC</u> 7	tober p	8 20	24			
		nature of member	or authorized represen	ntative of a member		
	Ψ.ξ	:/	•			