## 124000415699

(Re	equestor's Name)	
(Ad	dress)	
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FILED
2024 OCT 23 PH 4: 13
LALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:		anchise, LLC		
SOBJECT.		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	ali correspo	ndence concerning this matter	to the following:	
		Simone Ilic		
			Name of Person	
		Cocolov Franchise, LLC		
			Firm/Company	
		3407 S MacDill Ave		
		<del></del> .	Address	
		Tampa, Fl. 33629		
			City/State and Zip Code	
		simone.coconice@gmail.co		
		E-mail address: (	to be used for future annual report	notification)
For further in	iformation co	oncerning this matter, please c	all:	
Simone Ilic			813 730-3500	5
<del></del> -	Name of	Person	Area Code Day	rtime Telephone Number
Enclosed is a	check for th	e following amount:		
<b>■</b> \$25.00 F	iling 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)
Reg Div P.O	ling Address gistration S ision of Co Box 632 lahassee, F	ection orporations 7		Section Corporations of Tallahassee nroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Cocolov Franchise, LLC

2024 OCT 23 PM 4: 13

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Florida document number L24000415699 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 contain 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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kimberly Taylor	3407 S MacDill Ave	■Add
		Tampa, FL 33629	□Remove
			Change
			□Add
			□Remove
		<del></del>	□Change
	<del></del> -		□Add
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			DAdd
			□Remove
		<del></del>	Change
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			Change
			□Add
			Remove
			□ Change

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Signature of a member or authorized representative of a member	October 18th	2024				
Signature of a member or authorized representative of a member	Dated					
		Simone Si	lic		_	

Filing Fee: \$25.00