# P230000000450

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only

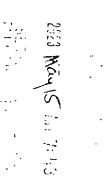
A. RIVERS



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### **COVER LETTER**

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TO: Amendment Sec Division of Corp				
NAME OF CORPO	ORATION:	iquina Art	-houze LL	<u>-</u>
DOCUMENT NUM	IBER:	000006950		_
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	Die	ana Har	nmer	
	Cox	Name of Contact Person	house LL	
	<u>1870 N</u>	Corporate L	alles Pkwy 7	#268584
	Weston	TL 333	<u> 326</u>	
	E-mail address: (to be u	sed for tuture annual report	- Com	_
For further informati	on concerning this matter, plea	se call:		
Diana	,	at (954	817-1912	\ \ \
	of Contact Person		de & Daytime Telephone N	umber
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:	
\$25 credit+ \$10 check #312	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 8	10
			assee, FL 32303	

#### Articles of Amendment

to

Articles of Incorporation

# (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

## X Change <u>PT</u> John Doe X Remove Y Mike Jones X Add SVSally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) 1) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove" 2) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_ Add \_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove

-	(Be specific)
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
provisions for implementing the amen	<del></del>
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	ction and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	માં( <u>s)</u>
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
Signature  (By a director, president or other officer—of directors or officers have not bee selected, by an incorporator—if in the hands of a receiver, trustee, or other co	<u> </u>
appointed fiduciary by that fiduciary)	urt
Diana Hammer	
(Typed or printed name of person signing)	
<u> PST</u>	
(Title of person signing)	



July 16, 2023

DIANA HAMMER 1870 N CORPORATE LAKES BLVD 268584 WESTON, FL 33326

SUBJECT: COQUINA ARTHOUZE LLC

Ref. Number: P23000006950

We have received your document for COQUINA ARTHOUZE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILTY COMPANY, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers Regulatory Specialist III

Letter Number: 823A00015751

UCT 11 2023