

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L15000118500

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : SERBER & ASSOCIATES, P.A.
 Account Number : I20000000083
 Phone : (305)932-6262
 Fax Number : (305)933-9393

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

Email Address: info@suberlawfirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 COCOTE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 JUN -7 PM 1:53

2022 JUN -7 AM 10:58

APPROVED
 AND
 FILED

H22 000 19 83353

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

COCOTE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/15/2015 and assigned Florida document number L15000118500.

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 end with 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

_____, Florida

City

Zip Code: 58

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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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

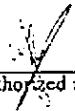
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	S & A Company Management, LLC	2875 NE 191st Street	<input type="checkbox"/> Add
		Suite 801	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	
MGR	Ramiro Alberto Melida	19900 Highland Lakes Blvd	<input checked="" type="checkbox"/> Add
		Miami, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 6, 2022



 Signature of a member or authorized representative of a member
Ramiro Alberto Melida

 Typed or printed name of signee