

LO2000025768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

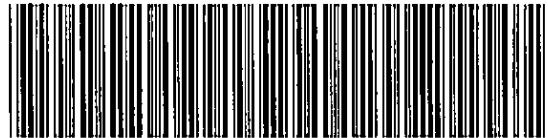
Special Instructions to Filing Officer:

Called City on 5/21/19 to
obtain Amendment date.

\$ 25.00

SR

Office Use Only



800328978628

25.00

05/07/19--01020--013 **52.00

S TALLENT

MAY 21 2019

2019 MAY -7 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Amend

J O N E S
F O S T E R

May 2, 2019

Department of State
Division of Corporations
Attn: Registration Section
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Cohen Ventures, LLC (Document No. L000020164)
Cohen Market Ventures, LLC (Document No. L02000025768)


Dear Registration Section:

Enclosed please find Articles of Amendment to Articles of Organization for each of the above-referenced entities. This firm's check in the amount of \$50.00 is enclosed in payment of the Amendment filing fees (\$25 x 2).

Please return file stamped copies (a copy of each Amendment is enclosed for this purpose) to me in the enclosed, pre-addressed, prepaid envelope at your earliest possible opportunity. In the meantime, should you have any questions regarding the enclosed, please don't hesitate to contact me.

Sincerely,

JONES FOSTER P.A.

By 
Cynthia "Cindy" F. Skwierc
Florida Registered Paralegal

Enclosures

P:\DOCS\29886\00002\LTR\KL6385.DOCX

E S T .
1 9 2 4

cskwierc@jonesfoster.com
561-650-8241 T
561-650-5300 F

4741 Military Trail
Suite 200
Jupiter
Florida 33458

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COHEN MARKET VENTURES, 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 October 1, 2002 and assigned Florida document number L02000025768.

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)

533 Northlake Boulevard

North Palm Beach, FL 33408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

533 Northlake Boulevard

North Palm Beach, FL 33408

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:

Bryan S. Cohen

New Registered Office Address:

533 Northlake Boulevard

Enter Florida street address

North Palm Beach

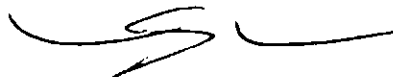
City

Florida 33408

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 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>	<u>Type of Action</u>
MGR	Fred C. Cohen		<input type="checkbox"/> Add
		712 US Hwy One Ste 400 North Palm Beach FL 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Gregory R. Cohen		<input type="checkbox"/> Add
		712 US Hwy One Ste 400 North Palm Beach FL 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Todd J. Cohen		<input type="checkbox"/> Add
		712 US Hwy One Ste 400 North Palm Beach FL 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bryan S. Cohen		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		533 Northlake Boulevard North Palm Beach FL 33408	<input checked="" type="checkbox"/> Change
MGR	Karen E. Cohen	533 Northlake Boulevard North Palm Beach FL 33408	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee