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Special Instructions to	Filing Officer:	j
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T. CLINE
FEB 26 2011
EXAMINER

SECRETARY OF STATE

of the latest and the

COVER LETTER

TO:	Registration Sec Division of Corp			s
SUBJI	ECT:	Cocon	nut Road LLC	۶.
		Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
			Blaise McMackin	
			Name of Person	
		,	Andrews Tap House	
			Firm/Company	
		14	11 South Andrews Ave	
			Address	
		Fort L	.auderdale, Florida 33316	
			City/State and Zip Code	
		Bl. E-mail address: (1	aisemcm@gmail.com to be used for future annual report notification)	
For fur	ther information co	ncerning this matter, please c	eall:	
	Name of	WCMACK,M Person	at (924) 560- 2225 Area Code & Daytime Telephone Number	
Enclose	ed is a check for the	e following amount:		
□\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status & Copy (S) al copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	YOU SINIE

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coconut R	load LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appear lability Company)	<u>'s on our records.</u>)		
The Articles of Organization for this Limited Liability Company	were filed on	March 8,2010	and ass	igned
Florida document numberL09000120672				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :		
Andrews Ta	p House			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	ny," the designation		bbreviation
Enter new principal offices address, if applicable:			201 SEC	al Martin
(Principal office address MUST BE A STREET ADDRESS)			至	
			SS 24	STATE OF THE PERSON OF
		!		{
Enter new mailing address, if applicable:		[-		* "" 1
(Mailing address MAY BE A POST OFFICE BOX)		;	38. <u>-</u>	
	· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or registered off		ur records, enter	the name o	f 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			
	Cin	, Florida		
	City		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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MĠR = Ma MGRM = N	någer ∕lanaging Member		
<u>Title</u>	Name	Address	Type of Action
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			Add
		NAVE - LIBERT - CONTRACTOR - CO	Remove
			Add Remove
			Add Remove
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		<u> </u>	Add Remove
			Remove 5
			Add Remove
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D. If amen	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessor	ary.)

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Dated			
Dated			·
	Signature of a mamh	The Charles of a member	·
			
	Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00