

L12000159052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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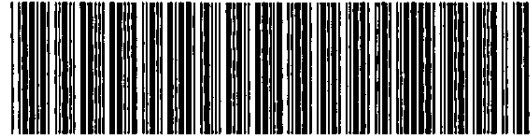
(Business Entity Name)

(Document Number)

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13 JUN 13 PM 3:25  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

JUN 14 2013  
D. BUTLER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COCOT Holdings LLC  
Name of Limited Liability Company

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13 JUN 13 PM 3:25  
TALLAHASSEE, FL DIVISION OF CORPORATIONS

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christophe L. DiFalco  
Name of Person

DiFalco & Fernandez, LLP  
Firm/Company

777 Brickell Ave, Ste 1630  
Address

Miami, FL 33131  
City/State and Zip Code

cid@difaicofernandez.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christophe L. DiFalco at (305) 569-9800  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing 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)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

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MIAMI, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/20/2012 and assigned  
Florida document number L12000159052.

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: 777 Brickell Ave  
**(Principal office address MUST BE A STREET ADDRESS)** Ste 630  
Miami, FL 33131

Enter new mailing address, if applicable: 777 Brickell Ave  
**(Mailing address MAY BE A POST OFFICE BOX)** Ste 630  
Miami, FL 33131

**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: DIFALCO & FERNANDEZ, LLP  
New Registered Office Address: 777 Brickell Ave, Ste 630  
Enter Florida street address  
Miami, Florida 33131  
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.*

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	D. FAICO & Fernandez, L.P.	777 Brickell Ave, Ste 630	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
MGR	G&G Management US LLC	9130 S. Dadeland Blvd	<input type="checkbox"/> Add
		Miami, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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 STATE OF FLORIDA  
 SECRETARY OF STATE

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

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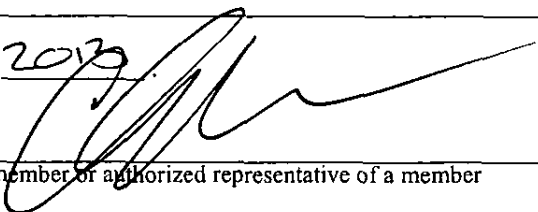
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Dated June 6, 2013



Signature of a member or authorized representative of a member

CHRISTOPHE L. DIFAICO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF CIRCUIT  
JUDICIAL DISTRICT  
OF FLORIDA