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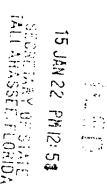
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COVER LETTER

	gistration Sect vision of Corpo			
SUBJECT:	CROCOD	EAL LLC		
SUBJECT.		Name of Limi	ted Liability Company	
The enclose	d Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	dence concerning this matter t	to the following:	
		ERIC AMSALLEM		
			Name of Person	
			Firm/Company	
		301 ARTHUR GODE	REY ROAD SUITE 500	
			Address	
		MIAMI BEACH FL 33	3140	
			City/State and Zip Code	
		AMSALLEMERIC@G		
		E-mail address: (t	o be used for future annual report notific	cation)
For further i	nformation coi	ncerning this matter, please ca	dl:	
ERIC AM	ISALLEM		305 531 41 43	
	Name of I	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

CHOCODEAL LLC			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L14000102149	were filed on <u>06/26/2014</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1290 GULF BLVD		
(Principal office address MUST BE A STREET ADDRESS)	APT 2006		
	CLEARWATER, FL 33767		
Enter new mailing address, if applicable:	1290 GULF BLVD APT 2006		
(Mailing address MAY BE A POST OFFICE BOX)	CLEARWATER, FL 33767		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		The name of the new	
	, Florida	⊅> U □Ziti Code	
	Cuv	- mp 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			□ Remove
			
			Remove
			Remove
			Add
			PD Remove
			Remove 5 JAN 22 LAHASSE
			SEA VAP
			N 22 Add Add N 2 Remove
			□ Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effe (The	ective date, if other than the date of filing:
	date this document is filed by the Florida Department of State)
	Signature of a member or author entative of a member
	ERIC AMSALLEM
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

15 JAN 22 PM 12: 58