## 10200033180

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JUL 14 2011

**EXAMINER** 



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TO JUL 13 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDE

## **COVER LETTER**

TO:	Registration Secti Division of Corpo			
SUBJE	CT:			
		Name of Limi	ted Liability Company	
The enc	losed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspond	ence concerning this matter	to the following:	
			Stefani de Laville	
		<del></del>		
		<del></del>		
4225 N County Road				
Address				
	-	1		
For furtl	ner information cond	E-mail address: (t cerning this matter, please c	o be used for future annual report notifi all:	cation)
		i de Laville		274-4949
	Name of Pe		at ( 561 )  Area Code & Daytime	Telephone Number
Enclose	d is a check for the f	ollowing amount:		
\$25.0	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

Coco House	<u>e Studio. LLC</u>			
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appear Liability Company)	s on our records.)		
,	7 1			
The Articles of Organization for this Limited Liability Compar	ny were filed on	12/10/2002	and assigned	
Florida document numberL02000033180				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liz	ahility company here	<b>.</b>		
a. If amending hame, enter the new hame of the infinted in	tomey company ner	<u>r</u> .		
The new name must be distinguishable and end with the words "Lin	mited Liability Compa	ny," the designation "	LLC" or the abbreviation	
"L.L.C."	<b>,</b>	,		
Enter new principal offices address, if applicable:			70-	
(Principal office address MUST BE A STREET ADDRESS)				
	<u></u>			
			(C)	
Enter new mailing address, if applicable:			m c a	
(Mailing address MAY BE A POST OFFICE BOX)			69 - 6	
Truming unit ess harri be // 1 ost of 1 1 ost bory	•		Er &	
		<del></del>	- 10	
B. If amending the registered agent and/or registered	office address on o	ur records, enter	the name of the new	
registered agent and/or the new registered office address he	<u>ere</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
Registered Chief Radioss,	Enter Florida street address			
	. Florida			
	City	, 1 101 lu#	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 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> **Address Type of Action** MGR Virginie Merklen 727 S Lake Ave Delray Beach, FL 33483 √ Remove Remove Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Manager deleted effective 12/31/2010. July 5 2011 Dated \_\_ Signature of a member or authorized representative of a member Stefani de Laville

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee