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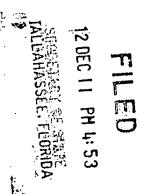
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B. BOSTICK
DEC 1 2 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpora	
SUBJECT:	COO(506) LLC Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponden	nce concerning this matter to the following:
	Paul Lagassey, Manager
-	
	COO/SOFT, LLC Firm/Company
	Firm/Company
_	611 Date Palm Rd Address
	Address
_	City/State and Zip Code Paul C Laga 55 Ey. Com E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For further information conce	
Paul Lagasi	son Area Code & Daytime Telephone Number
Name of Pers	Area Code & Daytime Telephone Number
Enclosed is a check for the fo	
\$25.00 Filing Fee	Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C00/50FT	ILLC
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 4 3 9 9 9 5 6 9 7 1</u> .	pany were filed on <u>Dec 29 2413</u> and assigned
This amendment is submitted to amend the following:	AHASSI
A. If amending name, enter the new name of the limited	
COUISOFTTOO, LLC	Limited Liability Company," the designation "LEC" or the abbreviation
The new name must be distinguishable and end with the words "I" L.L.C."	$\mathbf{Q}^{r_{i}}$ $\mathbf{\omega}$
Enter new principal offices address, if applicable:	GII Dave Salm Kel
(Principal office address MUST BE A STREET ADDRESS	Sero Beach, FL 32963
Enter new mailing address, if applicable:	POBOX 643207 Vero Beach, FL 32964
(Mailing address MAY BE A POST OFFICE BOX)	Vero Beach, FL 32964
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	
	Liner I for fad street address
	, 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:

· MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
- ,	Same		Add
			Remove
			Add
			Remove
			Kemove
			- □
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		AHASSEE. FLORIDA	PH L S
			Add
		起 心	Remove
			_
			Add
			_ Remove

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	120 N -
d	N Dec 3, 2012.
	6/1/201 m6h Dec 3, 2012
	Signature of a member or authorized representative of a member
	Paul J. Lagas sey, Manager Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

12 DEC | | PM 4: 53