104000026925

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COVER LETTER

TÖ:	Registration Sec Division of Corp		·	1
CUD II		nvestments, LLC		
SUBJE	C1:	Name of Limi	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please 1	return all correspor	ndence concerning this matter	to the following:	
		Robert Matthias		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Cocoa Bay Investments, LI	LC .	
			Firm/Company	·
		1967 Rockledge Dr		
			Address	
		Rockledge, FL 32955		
			City/State and Zip Code	
		hob@orlandometal.net E-mail address: (1	to be used for future annual report notific	cation)
For furt	ther information co	oncerning this matter, please ca	all:	
Robert	Matthias		407 466-6047 at ()	
	Name of	Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, 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

Cocoa Bay Investments, LLC		
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L04000026925	were filed on April 2, 2004	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	Fig. Company Walter design at 1 CV	28
•	1967 Rockledge Dr	or the appreviation L.L.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Rockledge, FL 32955	. 2
		P .11
	10/7 D - 11/1 D	هوسی ^{نه} این آم :سآر
Enter new mailing address, if applicable:	1967 Rockledge Dr	9
(Mailing address MAY BE A POST OFFICE BOX)	Rockledge, FL 32955	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		, enter the name of the n
New Registered Office Address:	Enter Florida street address	
	Flo	orida
Non-Backward Accords Clause of the saint Decision of Accords	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	• • •	

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		 	☐ Change
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
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ective date, if other than the d	ate of filing:		(optional)	
effective date is listed, the date must b	e specific and cannot be prior t		than 90 days after filing.) Po	
te: If the date inserted in this bloc nument's effective date on the Dep		ore statutory filing re	equirements, this date wi	ii not be listed as
record specifies a delayed		an effective tim	e, at 12:01 a.m. on	the earlier o
he 90th day after the reco	d is filed.			
November 7	2019			
ed	,,	_·		
S	ignature of a member or autho	rized representative of	a member	
Robert D Matthias				
	Timed as asists	d name of signee	<u>. </u>	

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Filing Fee: \$25.00