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SECRETARY OF STATES

TO COMPANY

TO COMPAN

DEC 30 2011

EXAMINER

GUTTENMACHER & BOHATCH, P.A.

ATTORNEYS AT LAW

JOHN S. BOHATCHT
EDWARD P. GUTTENMACHER
KATALINA PEÑARANDA
ANDRES E. TEJIDOR*

PRACTICE LIMITED TO PROBATE, ESTATE PLANNING, BUSINESS PLANNING & TAXATION

† FLORIDA CERTIFIED PUBLIC ACCOUNTANT

* LL.M. TAXATION

730I SOUTHWEST 57th COURT SUITE 560 SOUTH MIAMI, FLORIDA 33143

TELEPHONE (305) 666-1040 TELEFAX (305) 666-1020 E-MAIL Law@GBTaxLaw.com KEY WEST OFFICE
GULFVIEW POINTE
2647 GULFVIEW DRIVE
KEY WEST, FLORIDA 33040

TELEPHONE (306) 294-1521 TELEFAX (305) 292-4016

> PLEASE REPLY TO: SOUTH MIAMI

December 22, 2011

<u>VIA CERTIFIED MAIL</u> RETURN RECEIPT REQUESTED

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Articles of Amendment

To Whom It May Concern:

Enclosed please find for filing the following two (2) Articles of Amendment:

- 1. Pine Isle, LLC; and
- 2. Paradise River, LLC.

Also enclosed is our Firm's check in the amount of \$50.00 representing the filing fee for the above entities (\$25.00 each).

Please file these Amendments and return a date stamped copy of each Amendment to our office in the self-addressed stamped envelope provided herein.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

GUTTENMACHER & BOHATCH, P.A.

KATALINA PEÑARANDA, ESQ

KP/lmf Enclosures

COVER LETTER

| Division of Co | | | | | |
|-----------------------------------|--|--|---------------------------------------|---------------|----------|
| SUBJECT: | PINI | E ISLE, LLC | | | |
| Name of Limited Liability Company | | | | | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | | | |
| Please return all corresp | condence concerning this matte | r to the following: | | | |
| | F | ROBERT M. CANNON | · · · · · · · · · · · · · · · · · · · | | |
| | | Name of Person | | | |
| | C | OCO HOLDINGS, LLC | | | |
| | | Firm/Company | | | |
| | | P. O. BOX 67 | | | |
| | | Address | | | |
| | N | MATLACHA, FL 33993 | | | |
| | | City/State and Zip Code | | | |
| | E-mail address: (| to be used for future annual report r | notification) | Ž9 ! | |
| For further information | concerning this matter, please of | call: | | | |
| | N S. BOHATCH | at (_305_) | 666-1040 | | 8 |
| Name | of Person | Area Code & Day | ytime Telephone Number | OF STAT | |
| Enclosed is a check for | the following amount: | | | ₹ ™ | <u> </u> |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclo | osed) Certified | e of Status & | |
| • | | | | | |

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 ARTICLES OF ORGANIZATION OF

| (Name of the Limited Lia | PINE ISLE, LLC ability Company as it now appear orida Limited Liability Company) | rs on our records.) | |
|--|--|-------------------------|--------------------------|
| . (A FR | orida Limited Liability Company) | | |
| The Articles of Organization for this Limited Liabi | lity Company were filed on | 02/08/2006 | and assigned |
| Florida document numberL0600001414 | | | |
| This amendment is submitted to amend the followi | ng: | | |
| A. If amending name, enter the new name of the | e limited liability company her | <u>re</u> : | |
| | N/A | | |
| The new name must be distinguishable and end with th "L.L.C." | e words "Limited Liability Compa | any," the designation " | LLC" or the abbreviation |
| Enter new principal offices address, if applicable | e: <u>N/A</u> | | 25. <u>~</u> |
| (Principal office address MUST BE A STREET A | (DDRESS) | | |
| | <u> </u> | | THE CO |
| | | | SS: 28 |
| Enter new mailing address, if applicable: | N/A | | T 2 3 11 |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | |
| | | | 3 2 1 |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | our records, enter | the name of the new |
| Name of New Registered Agent: | G, B & B - B REGISTRIES | , LLC | |
| New Registered Office Address: | 7301 SW 57th COURT - S | | |
| | En | ter Florida street add | dress |
| - | SOUTH MIAMI | , Florida | 33143 |
| | City | | Zip Code |
| Nove Degistered Agentle Signature if changing Degi | stand Agents | | |

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 Act | <u>tion</u> |
|--------------|-----------------------|-----------------------|--|-----------------|-------------|
| MGR | ROBERT M. | CANNON | P. O. BOX 67 MATLACHA, FL 33993 | Add Remove | |
| <u>MGR</u> | NANCY SUA | REZ-CANNO | P. O. BOX 67 MATLACHA, FL 33993 | Add Remove | |
| MGR | COCO HOLE | DINGS, LLC | P. O. BOX 67 MATLACHA, FL 33993 | / Add Remove | |
| | | | | Add Remove | |
| · | <u> </u> | | | Add Remove | |
| D. If am | ending any other info | | e(s) here: (Attach additional sheets, if necessary) | | • |
| | N/A | | E CR | 1 82 182 | MICHAEL ST |
| | | | Š | - | |
| Dated | | L.W. | <u> </u> | | |
| | | | or authorized representative of a member | | |
| | RO | BEKIM, CANNC Typed | ON, MGR - COCO HOLDINGS, LLC or printed name of signee | | |

Page 2 of 2

Filing Fee: \$25.00