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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2011 DEC 28 AM 10:28

FILED

T. CLINE  
DEC 30 2011  
EXAMINER

**GUTTENMACHER & BOHATCH, P.A.**

ATTORNEYS AT LAW

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

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

† FLORIDA CERTIFIED PUBLIC ACCOUNTANT  
\* LL.M. TAXATION

PLEASE REPLY TO:  
SOUTH MIAMI

December 22, 2011

**VIA CERTIFIED MAIL**  
**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

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2011 DEC 28 AM 10:51  
SECRETARY OF STATE  
OF FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PINE ISLE, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ROBERT M. CANNON**  
Name of Person  
**COCO HOLDINGS, LLC**  
Firm/Company  
**P. O. BOX 67**  
Address  
**MATLACHA, FL 33993**  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JOHN S. BOHATCH** at ( **305** ) **666-1040**  
Name of Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**

PINE ISLE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/08/2006 and assigned Florida document number L06000014149.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

G, B & B - B REGISTRIES, LLC

New Registered Office Address:

7301 SW 57th COURT - SUITE 560

*Enter Florida street address*

SOUTH MIAMI

*City*

Florida

33143

*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>         | <u>Address</u>                     | <u>Type of Action</u>  |
|--------------|---------------------|------------------------------------|--|
| MGR          | ROBERT M. CANNON    | P. O. BOX 67<br>MATLACHA, FL 33993 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | NANCY SUAREZ-CANNON | P. O. BOX 67<br>MATLACHA, FL 33993 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | COCO HOLDINGS, LLC  | P. O. BOX 67<br>MATLACHA, FL 33993 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                     |                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2011 DEC 28 AM 10:01  
 FILED

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

ROBERT M. CANNON, MGR - COCO HOLDINGS, LLC

Typed or printed name of signee