

LO600007591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

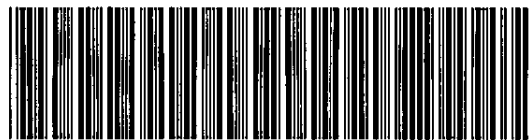
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/19/14--01023--015 \*\*25.00

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14 SEP 19 7:11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 23 2014  
S. YOUNG

Please Call me upon receipt.  
I need proof of filing of both  
reinstatement & amendment  
for a closing.

Please Call me at 305 443 7211  
Ext 1. Thank you Yolanda

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14 SEP 18 PM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



LAW OFFICES OF  
ALEX D. SIRULNIK, P.A.

September 18, 2014

Federal Express

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Cocoabeach of Florida, LLC

Dear Sir/Madam:

Enclosed please find the reinstatement form for Cocoabeach, LLC. I received an e-mail, a copy of which is enclosed, explaining that the name is no longer available and the filing could not be done on line. Therefore, I have attached the reinstatement form and our check made payable to the Florida Department of State in the amount of \$516.25. Please note the address for the manager and the company have changed and a new registered agent has been designated, our office.

After reinstatement has been processed, I have also attached the articles of amendment changing the name of Cocoabeach, LLC to Cocoabeach of Florida, LLC and our check made payable to the Florida Department of State in the amount of \$25.00.

If you have any questions or comments I can be contacted at 305-443-7211 Ext. 1.

Sincerely,

A handwritten signature in black ink that reads 'Yolanda Katon'. The signature is fluid and cursive, with the first name 'Yolanda' and last name 'Katon' clearly distinguishable.

Yolanda Katon  
Legal Assistant

Enclosures

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14 SEP 19 11:40  
TALLAHASSEE, FL  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

COCOABEACH, 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 JULY 18, 2006 and assigned Florida document number L06000071591.

This amendment is submitted to amend the following:

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

COCOABEACH OF FLORIDA, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*, Florida*

*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 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 Changing Registered Agent, Signature of New Registered Agent

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COCOABEACH, 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:

YOLANDA KATON

Name of Person

ALEX D. SIRULNIK, P.A.

Firm/Company

2199 PONCE DE LEON BLVD. STE 301

Address

CORAL GABLES, FL 33134

City/State and Zip Code

YKATON@SIRULNIKLAWS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOLANDA KATON

Name of Person

at 305 443-7211 EXT 1

Area Code

Daytime Telephone Number

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

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SECRET  
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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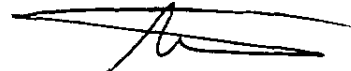
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **SEPTEMBER 18**, **2014**



Signature of a member or authorized representative of a member

**ALEX D. SIRULNIK, Authorized Representative**

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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14 SEP 19 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA