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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

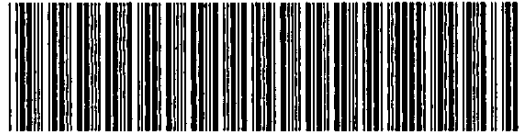
(Business Entity Name)

(Document Number)

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2013 AUG 14 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 15 2013

J. BRYAN

W17-44277  
vc/Amw



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2013

RONALD P RUSSO, JR  
340 ROYAL PAINCIANA WAY STE 317-335  
PALM BEACH, FL 33480

SUBJECT: COCOANUT ROW HOLDINGS LLC  
Ref. Number: W13000044277

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TALLAHASSEE, FLORIDA

We have received your document for COCOANUT ROW HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 213A00019018

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JRUS Management, LLC**  
Name of Limited Liability Company

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

**Julia A. Russo**

Name of Person

**Cocoanut Row Holdings, LLC**

Firm/Company

**340 Royal Poinciana Way, Ste 317-335**

Address

**Palm Beach, FL 33480**

City/State and Zip Code

**info@cocpanutrow.com**

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

For further information concerning this matter, please call:

**Julia A. Russo**

Name of Person

**561 402-2551**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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**

**JRUS Management, LLC**

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/08/07 and assigned  
Florida document number L07000002061.

This amendment is submitted to amend the following:

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

Cocoanut Row Holdings, LLC

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

**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

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 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>
<u>MGRM</u>	<u>Ronald P. Russo, Jr.</u>	<u>340 Royal Poinciana Way, Ste 317-335</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Beach, FL 33480</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated 08-08, 2013



Signature of a member or authorized representative of a member

Julia A. Russo

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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