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S. HAWKES

MAY 2 8 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Cobra 4 27 Holdings, U.C. 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: |
| Daniel J. Lundstrom |
| Cabra 427 Holdings, LLC. |
| 3727 St Ocean Blvd. Suite 200 |
| Secucialis Point, Fu. 34996 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Diniel J. Lumbtyom at (772) 220 - 0844 Name of Person at (772) 220 - 0844 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & S60.00 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**

| COBRA | 427 HOLDIN | IGS, LLC | | | |
|---|--|--|---|-----------------------------------|---------------------------|
| (Name of the Limited I | <mark>Liability Compan</mark> Florida Limited Lia | y as it now appears on ability Company) | our records.) | | |
| The Articles of Organization for this Limited Lia Florida document number | ability Company v 2 (o 2 7 1 | vere filed on 31 | 3 2008 | and ass | igned |
| This amendment is submitted to amend the follow | _ | | | TALE 99 | 77 |
| A. If amending name, enter the new name of | the limited liabil | ity company here: | | 显言 | THE REAL PROPERTY. |
| The new name must be distinguishable and end with "L.L.C." | the words "Limite | ed Liability Company," | the designation | "LLC" or the a | |
| Enter new principal offices address, if applica | ble: | | | الشيئا و | جر خبر |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | <u> </u> |
| Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent: | r registered offi ice address here | | | r the name o | f the new |
| | _ | t Octan (| | + 200 | |
| New Registered Office Address: | 01210 | | Florida street a | 1 200 uddress | <u></u> |
| | Sewall | s Point City | , Florida _ | 3499 (Zip Code | |
| New Registered Agent's Signature, if changing R | egistered Agent: | | | | |
| I hereby accept the appointment as registered the provisions of all statutes relative to the praccept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified. | roper and completered agent as pi egistered office, | ete performance of n rovided for in Chapt | ny duties, and ter 608, FLS. C nfirm that the | I am familiar Or, if this docu | with and ment is ty |

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Type of Action Title <u>Name</u> <u>Address</u> MAR Christopher Remove Add 🔀 Remove Lundstrom ☐ Add ___Add ري Remove ■Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Christopher of Lunchstrom
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00