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DIVISION OF CORPC

J. BRYAN

OCT - 3 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cocoaris marketing Services, L.L.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:
(Name of Person)
COCGACK (Firm/Company)
12555 Biscayne Blw # 814 (Address)
For further information concerning this matter, please call: Michelle Gaudet (Name of Person) (Name of Person) Area Code & Daytime Telephone Number)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Michelle Gaudet at (365) 725.5240 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Peristration Section Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cocoark ma	rketing	Services,	(, L, C,	
(Name of the Limited Liability (A Florida Li	Company as it now a imited Liability Comp	ppears on our records.) any)		
The Articles of Organization for this Limited Liability Co	ompany were filed or	7 17/08	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability compan	y here:		
The new name must be distinguishable and end with the word	ls "Limited Liability (Company," the designation "L	LC" or the abbreviation	
"L.L.C."	•		學。	
Enter new principal offices address, if applicable:			8 1550	
(Principal office address MUST BE A STREET ADDRI	ESS)		CI SET	
			الله الله	
			#11:52	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		on our records, enter the	ne name of the new	
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>	Name	Address	Type of Action
MGRM	Andrew L Gaudet	12555 Biscayne Blvd #-814 W. Miami, FC 33181	Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
<u></u> <u>-</u> .			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	OR OCT
			TARY OF STATE OF CORPORATIONS -2 AM II: 52
Dated	a (30 , 08		20 2 3
		or authorized representative of a member	
	I vnea (of dringed name of signee	

Page 2 of 2

Filing Fee: \$25.00