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J. BRYAN

JUL 27 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: CO-HO, 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:	
Joseph Horschel Name of Person	50 6 m
CO-HO, LLC Firm/Company	FILE PHE: 29 NO JUL 26 PHE: 29 SECRETARY OF STATE SECRETARY SEE. FLORID
1505 LAKE ST	AKS. 2
Melbourne Fl 3290)  City/State and Zip Code  Joseph horscheling @ bellsouth. Ne  E-mail address: (to be used for future annual report notification)	ARIOU I
E-mail address: (to be used for future annual report notification)	<b>ブ</b>
For further information concerning this matter, please call:	
Name of Person at (321) 508- 5453  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	of Status &

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

	0.			
CO-HO,	LLC			
(Name of the Limited Liabil (A Florid		now appears on o	ur records,)	SH4
(A Florid	a Limited Liability	(Company)	-	
The Articles of Organization for this Limited Liability Florida document number	Company were 3 180 3 5 5 3 19	filed on <u>June</u>	e 8, 2005	and assigned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the li</u>	mited liability c	ompany here:		
The new name must be distinguishable and end with the v	words "Limited Lin	ability Company," th	e designation "L	LC" or the abbreviation
"L,L.C." .			-1 +2	s 6 1
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				E NO F
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				OF STATE OF FLOAID
,	· 			
B. If amending the registered agent and/or regregistered agent and/or the new registered office a	ddress here:	Horsce Lake S		he name of the new
Name of New Registered Agent.		104. 8	<del></del>	
New Registered Office Address:		Enter Fl	orida street add	ress
	Melbon	y Zamor P.	, Florida	<b>.</b> .
		V		21p Coae
New Registered Agent's Signature, if changing Regist	ered Agent:			
I hereby accept the appointment as registered age	ent and agree to	act in this capaci	ty. I further agi	ree to comply with

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, Lhereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
M52	DAMIEL R. Cooper	P.O. BOX 296 OAK HILL, F. 32759	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary,	FILED 10 JUL 26 PHK SECRETARY OF S
			12: 29 15: 70 E
Dated	July 20, 20 Signature of a member	or authorized representative of a member	
	~ / %	or printed name of signee	

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Filing Fee: \$25.00