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EXAMINER

COVER LETTER $_*$

Registration Section Division of Corporations

TO:

SUBJECT:	Cofe Braz	il Properties LLC			
		ted Liability Company		_	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	Mike Verdeja				
		Name of Person			
	Cof	e Brazil Properties LLC			
		Firm/Company			
	$\mathbf{E}_{c_{i}}^{c_{i}}$				
Address					
	IN-I PM				
	Coral Gables, Florida 33146 City/State and Zip Code				
	mike@cofeproperties.com E-mail address: (to be used for future annual report notification)				
Park di l'ata a di			notification)	LORDE STATE	
For further information	n concerning this matter, please of	call:		3.5	
	Mike Verdeja	at (_305_)	662-6840	 	
Nam	e of Person	Area Code & Da	ytime Telephone Num	iber	
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Osed) Certif	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)	
Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng re Center Circle	i:	

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

Co	fe Brazil Pr	operties LLC				
(<u>Name of the Limited</u>) (A	Florida Limited I	ny as n now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited Lia	were filed on	10/15/2009	and assig	ned		
Florida document numberL09000099	497					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here	:			
Co	fe Properties	Fund 1 LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compan	y," the designation "L	LC" or the abl	oreviation	
Enter new principal offices address, if applica	1500 San Remo Avenue, Suite 145					
(Principal office address MUST BE A STREET ADDRESS)		Coral Gables,	Florida 33146	-		
Enter new mailing address, if applicable:	1500 San Rem	no Avenue, Suite	€145 <u>.</u>	To the second se		
(Mailing address MAY BE A POST OFFICE BOX)		Coral Gables,	<u>ක</u>		manufit	
B. If amending the registered agent and/or the new registered off			r records, enter t	T 660	the new	
Name of New Registered Agent:	Cofe Properties LLC					
New Registered Office Address:	1500 San R	500 San Remo Avenue, Suite 145 Enter Florida street address				
		oral Gables	, Florida	33146		
			, r w wa	Zip Code		
New Registered Agent's Signature, if changing Re	egistered 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Cofe Homes LLC	1500 San Remo Avenue, Suite 145 Coral Gables, Florida 33146	Add Remove
MGRM_	Cofe Properties LLC	1500 San Remo Avenue, Suite 145 Coral Gables, Florida 33146	Add ☐ Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	age(s) here: (Attach additional sheets, if necessary.)	
			JUN-1 P
 Dated	May 31 , 20	11 . A	
	Signature of a memb	er or authorized representative of a member	
	Eugenio Cosculluela	ed or printed name of signee	<u>.</u>
	Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00