# L09000999491

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| Office Use Only                         |



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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

## COFE PROPERTIES FUND 1 LLC

SUBJECT:

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:

# RODOLFO A. VILLANUEVA

Name of Person

# **COFE PROPERTIES FUND 1 LLC**

Firm/Company

1500 SAN REMO AVENUE, STE 145

Address

CORAL GABLES, FL 33146

City/State and Zip Code

### RVILLANUEVA@COFEPROPERTIES.COM

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

For further information concerning this matter, please call:

## RODOLFO A. VILLANUEVA

,,305、662-6840

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 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

FIL.ED 2014 AUG 27 PM 12: 39

## **COFE PROPERTIES FUND 1 LLC**

SECRETARY OF STATE TALLAMASSEE, FLONDA

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

| The Articles of Organization for this Limited Liability   | y Company were filed on 10/15/2009                     | and assigned                    |
|---|--|---------------------------------|
| Florida document number L09000099497  | ·  |                                 |
| This amendment is submitted to amend the following  | ç;   |                                 |
| A. If amending name, enter the new name of the l  | imited liability company here:                         |                                 |
| The new name must be distinguishable and end with the words                                       | "Limited Liability Company," the designation "LLC      | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |                                 |
| (Principal office address MUST BE A STREET AD   | DRESS)   | 147.00                          |
|   |  |                                 |
|   |  |                                 |
| Enter new mailing address, if applicable:   |  | ,                               |
| <u>(Mailing address MAY BE A POST OFFICE BOX)</u>   |  |                                 |
|   |  |                                 |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | gistered office address on our records<br>ddress here: | , enter the name of the new     |
|   |  |                                 |
| Name of New Registered Agent:   |  |                                 |
| New Registered Office Address:  |  |                                 |
|   | Enter Florida street address                           | 5                               |
|   |  | orida                           |
|   | City   | гір Соце                        |

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name                 | Address                       | Type of Action |
|--------------|----------------------|-------------------------------|----------------|
| MGRM         | COFE PROPERTIES LLC  | 1500 SAN REMO AVENUE, STE 145 | □ Add          |
| -            |                      | CORAL GABLES, FL 33146        | Remove         |
| MGR.         | COSCULLUELA, EUGENIO | 1500 SAN REMO AVENUE, STE 145 | Add            |
|              |                      | CORAL GABLES, FL 33146        | Remove         |
| MGR<br>———   | FERNANDEZ, MARIO     | 1500 SAN REMO AVENUE, STE 145 |                |
|              | •                    | CORAL GABLES, FL 33146        | ■ Remove       |
| MGR          | COFE PROPERTIES LLC  | 1500 SAN REMO AVENUE, STE 145 | <br>■ Add      |
|              |                      | CORAL GABLES, FL 33146        | _□ Remove      |
|              |                      |                               | Add            |
|              |                      |                               | □ Remove       |
|              |                      |                               | Add            |
|              |                      | <del></del>                   | □ Remove       |
|              |                      |                               |                |

| . It am                | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|------------------------|---|
|                        |   |
| -                      |   |
| -                      |   |
| _                      |   |
|                        |   |
| Effect<br>(The effect) | tive date, if other than the date of filing: (optional) cetive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the this document is filed by the Florida Department of State) |
| Dated                  |   |
|                        | Signature of a member or authorized representative of a member  |
|                        | MIKE VERDEJA  Typed or printed name of signee   |
|                        | rypod or printed name or signee   |

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Filing Fee: \$25.00

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