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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporation	ons	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Amend	lment and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
	Christopher Cockerell Name of Person	
	COCKCYCI PROPERTIES, LLC. Firm/Company	
	111-D Swa3rd ST. Address	
	FOrt Lauderdale, FL 33315 City/State and Zip Code	
	E-mail-address: (to be used for future annual report notification)	
For further information concerning	ng this matter, please call:	
Christopher Name of Person	at (954) 914 - 8704 Area Code & Daytime Telephone Number	
Enclosed is a check for the follow	wing amount:	
	0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

		•	TO T
Packe	MILL Draverties	100	
(Name of the Limited	evel Properties Liability Company as it now a	ppears on our records.)
	A Florida Limited Liability Comp	oany)	
The Articles of Organization for this Limited L	iability Company were filed on	<u>. 1405 2010</u>	and assigned
riorida document number <u>C1000011</u>	0141.		
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liability compan	y here:	
The new name must be distinguishable and end win "L.L.C."	th the words "Limited Liability C	Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	·		
2 1 1 1 2 1 1 2 1 2 1 2 2 2 2 2 2 2 2 2			
Enter new mailing address, if applicable:	<u></u>		
Mailing address MAY BE A POST OFFICE.	<u>BOX)</u>		
			
		_	
B. If amending the registered agent and/oregistered agent and/or the new registered of		on our records, ente	r the name of the new
registered agent and/or the new registered or	nce address here.		
NY CNT D	Or cierrolog	o Cockerell	
Name of New Registered Agent:	<u>Chnstaphe</u>	e Cockerell	
New Registered Office Address:	<u> </u>		
		Enter Florida street d	address
	FORT Valderdal	Q. , Florida	33315
	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 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
<u>NG RM</u>	Christopher Cockerell	111-0 SCI 2388 ST. FORT LAURICYCHAIL, FL 33815	Add Remove
<u> 1.GR</u>	Chnstopher Cookerell	111-D Sw 231d ST Fort Calderdou, FL 3331B	Add Remove
MOR	Christian Rinagakos	111-D Sw 23rd St. Fort Lauderdale, F.L. 33315	Add Remove
· <u>S</u>	Ana Roque	THE SW 23rd ST FORT LAIDCYCLULIFE 33315	Add Remove
T	Ana Raque	111-D Scu 2310 St Fort Laudivagle IFL 33310	Add Remove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary,	FILED Add en 1 Jul 25 PH 2: 38 EECRETARY OF STATE
Dated	Christop	authorized representative of a member What we will be the control of the control of a member of signee	· .

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Filing Fee: \$25.00