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B. BOSTICK
FEB - 2 2011
EXAMINER

COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Cocovana 5A, 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: Lisette Salazar Name of Person Firm/Company 200 Crandon Blvd. Suite 311 Address Key Biscayne, Fl. 33149 City/State and Zip Code lpsalazarlaw@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lisette Salazar at (305) 361-6161 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$55.00 Filing Fee & \$60.00 Filing Fee, \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cocovar	na 5A, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now app d Liability Company	ears on our records.)	
,		•	
The Articles of Organization for this Limited Liability Compa	ny were filed on _	January 25, 2011 and assigned	
Florida document numberL11000010550			
•			
This amendment is submitted to amend the following:			
A If amonding name automake any according to the United H	. L. 1924		
A. If amending name, enter the new name of the limited li	<u>adility company r</u>	iere:	
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Con		
_		Sp. Comments	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	-	7	
		유권 2	
		IDE 9	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered		our records, enter the name of the new	
registered agent and/or the new registered office address h	ere:		
Name of New Registered Agent:			
New Registered Office Address:			
Trom Acquisioned Office Madiens.	Enter Florida street address		
	Flanda		
	City	, Florida 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
mgrm	Cristina Zizold	798 Crandon Blvd, Suite 42 Key Biscayne, Florida 33149	Add 7 Remove
•			
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessar	JAN 31 CREIAR LAHASSEE
			AH 9: 29 OF ISTAILE OF ISTAILE OF ISTAILE
Dated	January 25 ,	<u>2011</u> .	
		ANUX-	
	Signature of lan	nember or authorized representative of a member	
		Lisette Salazar Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00