

**L110000017396**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000252895 3)))



H140002528953ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : PADRO AND COMPANY, P.A.  
Account Number : I20050000094  
Phone : (305) 500-9361  
Fax Number : (305) 500-9492

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: roquel@padrocpa.com

RECEIVED

14 OCT 29 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCE  
INFORMATION SERVICE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
2675 COCONUT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 29 AM 7:32

FILED

H14 000 2528953

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2675 Coconut LLC

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

FILED  
14 OCT 29 AM 7:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02-11-2011 and assigned

Florida document number L11000018396

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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

H14 000 2528 953

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Patricio Kreutzberger	900 Biscayne Blvd ,	<input type="checkbox"/> Add
		suite 5706	<input checked="" type="checkbox"/> Remove
		Miami FL 33132	
MGR	Global International, LLC	900 Biscayne Blvd ,	<input checked="" type="checkbox"/> Add
		suite 5706	<input type="checkbox"/> Remove
		Miami FL 33132	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
14 OCT 29 AM 7:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H14000 2528953

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

---

---

---

---

---

E. Effective date, if other than the date of filing: 10/29/14 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/29/ 2014

Isabel Calama

Signature of a member or authorized representative of a member

Isabel Calama

Typed or printed name of signer

FILED  
14 OCT 29 AM 7:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA