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EXAMINER

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	Sentinel C	apital Cocoa, LLC				
		ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	oondence concerning this matte	r to the following:				
		Richard A. Burt, II				
		Name of Person Burt & Burt, P.L.				
		Firm/Company				
	11 N. S	11 N. Summerlin Avenue, Suite 210				
		Address				
	C	Orlando, Florida 32801				
		City/State and Zip Code				
		rick@burt-burt.com			APR	•
	E-mail address: (to be used for future annual repor	t notification)	S		
For further information	concerning this matter, please	call:		.33S	S	-
Ri	chard A. Burt	at (407)	420-6828	FES		
	of Person		Daytime Telephone Number	- 22	ය ව	
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 end	closed) Certified	te of Status		ed)
MAII	LING ADDRESS:	STREET/CO	OURIER ADDRESS:			

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sentinel Capital Cocoa	a, LLC	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	w appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company were filed	on2/17/2011 and assigned	i.
Florida document numberL11000020611		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	any here:	
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	y Company," the designation "LLC" or the abbrev	 √iatioı
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	70	
	A AP	
	NS.	-
Enter new mailing address, if applicable:	## Since ## Since ##	i
(Mailing address MAY BE A POST OFFICE BOX)	THE SECOND	
	ORI ORI	
	Sim to	
B. If amending the registered agent and/or registered office address	ess on our records, enter the name of the	nev
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	Zin 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 Type of Action <u>Title</u> <u>Address</u> <u>Name</u> **MGRM** Houghton, Inc. 11 N. Summerlin Avenue ✓ Add Suite 210 Remove Orlando, FL 32801 MGRM Summerlin Capital, LLC 11 N. Summerlin Avenue Suite 210_____ ✓ Remove Orlando, FL 32801 ☐ Add ☐ Remove Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 11 Dated Signature of a member or authorized representative of a member Richard Burt Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00