

L110000 57172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

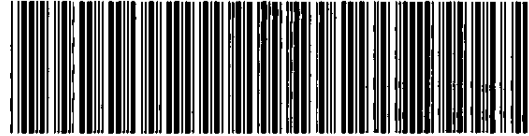
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN -6 AM 11:50

T. HAMPTON

JUN - 7 2011

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Amy Cohen Resort & Golf Club Consulting  
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:

Amy Cohen

Name of Person

Amy Cohen Resort & Golf Club Consulting

Firm/Company

1730 South Federal Highway, 263

Address

Delray Beach, FL 33483

City/State and Zip Code

amy@amycohenconsulting.com

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

For further information concerning this matter, please call:

Amy Cohen

Name of Person

at (361) 703-0999

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

June 3, 2011

To: Florida Department of State Division of Corporations  
From: Amy Cohen  
RE: Cover sheet for amend name of new LLC

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Enclosed please find my completed form and check # in the amount of \$25.00 filing fee.

I am revising the name of my LLC from  
Amy Cohen Resort & Golf Club Consulting LLC

To  
Amy Cohen Resort & Club Consulting LLC

My contact information is:

Amy Cohen  
1730 South Federal Highway, 263  
Delray Beach, FL 33483  
561-703-0999

Thank you.

*acohenfl@aol.com*

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AMY COHEN RESORT & GOLF CLUB CONSULTING LLC

(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 Company were filed on 5/16/11 and assigned

Florida document number 45-2262035

L11000057172

This amendment is submitted to amend the following:

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

AMY COHEN RESORT & CLUB CONSULTING LLC

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 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.*

Amy Cohen  
**If Changing Registered Agent, Signature of New Registered Agent**

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**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11 JUN - 6 AM 11:50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Dated \_\_\_\_\_, \_\_\_\_\_.

Signature of a member or authorized representative of a member

Amy COHEN

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00