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JUN 20 2011

**EXAMINER** 



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THE JUNE 17 PM 2: 20
SECRETARY OF STATE

## **COVER LETTER**

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TO:

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TO:	Registration Se Division of Co			
SUB.IE	CT:	COCONUT	HOME 3995, LLC	
			ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ALVARO CASTILLO		
			Name of Person	
		ALV	ARO CASTILLO B. P.A.	<u> </u>
			Firm/Company	
1390 B		1390 BRI	ICKELL AVENUE SUITE	E 200
			Address	<del></del>
		М	IAMI FLORIDA 33131	
			City/State and Zip Code	
			alcapa@aol.com to be used for future annual report n	atification)
For fur	ther information of	concerning this matter, please c	•	omication
	ALVA	RO CASTILLO	at ( 305 )	371-5540
	Name o	of Person	Area Code & Day	time Telephone Number
Enclose	ed is a check for t	he following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FL	porations g : Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COCONL	<u>JT HOME 3995, LI</u>	<u>_C</u>
(Name of the Limited Liability (A Florida)	V Company as it now appe Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability C	Company were filed on	May 23, 2011 and assigned
Florida document numberL11000060639	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company he	ere:
PROMOTORA INN	MOBILIARIA PARKSI	DE, LLC
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	pany," the designation "LLC" or the abbreviati
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR		
	<del></del>	AT S II
Enter new mailing address, if applicable:		S 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(Mailing address MAY BE A POST OFFICE BOX)		TS R IN
		0, 20
B. If amending the registered agent and/or regist registered agent and/or the new registered office address.	ered office address on	our records, enter the name of the ne
registered agent and/or the new registered office additional and a second a second and a second	ess here.	
Name of New Registered Agent:		
New Registered Office Address:		
	E	nter 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.

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR_	CECILIA VIDALES	1390 BRICKELL AVENUE SUITE 200 MIAMI FLORIDA 33131	Add ✓ Remove
MGR_	RODRIGO CONESA	1390 BRICKELL AVENUE SUITE 200 MIAMI FLORIDA 33131	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
	<u></u>		Add Remove
D. If amen	ding any other information, e	enter change(s) here: (Attach additional sheets, if necessary	·)
Dated	JUNE 10	. 2011	
	Signature		<del></del>
		GENARO DIAZ Typed or printed name of signee	<del></del>
		Page 2 of 2	
		Filing Fee: \$25.00	