## 11000063487

(Requ	uestor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busir	ness Entity Name)
(Доси	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ing Officer:
	·

Office Use Only



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N. Gullson MAR 2 0 2012

## **COVER LETTER**

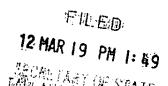
TO: Registration S Division of Co			·	
SUDJECT.	Cocomil LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		Yaniv Sabag		
	`	Name of Person		
		Firm/Company	<del></del>	
		4070 NW 91st Terrace		
Address Sunrise, FL 33351				
		nfo@nycityliving.com to be used for future annual report notifica	tion)	
For further information	concerning this matter, please c	-		
	Sabag	at ( 212 ) 784-6172		
Name	of Person	Area Code & Daytime T	`elephone 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Cocomil LLC		1 THE 1327	ASSEE FLORIDA
( <u>Name of the Limited L</u> (A F	iability Company as it now appe lorida Limited Liability Company	ars on our records.)	-OIUBA.
<b>,</b>	·····, -····,	,	
The Articles of Organization for this Limited Liab	oility Company were filed on	01/09/2012	and assigned
Florida document number L11000063487	<u></u> •		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company h	ere:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street ad	ldress
		, 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:

The state of the

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
MGR	Yaniv Sabag	4070 NW 91st Terrace Sunrise, FL 33351	☐ Add
MGR	NYCity Living LLC	4070 NW 91st Terrace	 [X] Add
		Sunrise, FL 33351	Remove
	·		Add Remove
	<del></del>		Add Remove
			Add
			Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if nece	wanget .
_			FILE MAR 19
_		,	
			5 1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Dated	$C_{\mathcal{H}}$	and alone	·
	Signature of a m	nember or authorized representative of a member  ANIV SA DAS  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00