

L11000087443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300211278393

08/26/11--01012--018 **25.00

FILED
11 AUG 26 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
AUG 29 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

COCUN BRICK LLC

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:

Alexis CUNDO

Name of Person

COCUN BRICK LLC

Firm/Company

1109 ALEXANDER BEND

Address

WESTON FL 33327

City/State and Zip Code

Alcia Rion@GMAIL.com

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

For further information concerning this matter, please call:

Alcia Rion

Name of Person

at (984) 305 1125

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 26 PM 4:11

FILED

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

Cocun Brick 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 07/29/11 and assigned
Florida document number CL1 0000 87443

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)

FILED
11 AUG 25 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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

Title	Name	Address	Type of Action
MGR	Alicia Ramirez	1109 ALEXANDER BEND WESTON FL 33327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ALEXIS CUNDO	1109 ALEXANDER BEND WESTON FL 33327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ANIKA CUNDO	1109 ALEXANDER BEND WESTON FL 33327	<input checked="" 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.)

Dated August 23, 2011

Signature of a member or authorized representative of a member

Alicia Ramirez

Typed or printed name of signee

FILED
11 AUG 26 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA