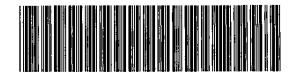
# L11000105047

(Requestor's Name)					
(Ad	ldress)				
		·			
(An	ldress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name	e)			
<b>(</b>		-,			
(Do	cument Number)				
Certified Copies	Certified Copies Certificates of Status				
Consist Instructions to	Fili 0#				
Special Instructions to	Filing Officer:	!			



100218612641

01/19/12--01010--010 \*\*60.00

12 JAN 19 PH 12: 12 SECNETARY OF STATE

Office Use Only

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Cooders 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:
Christina Mender Name of Person
Firm/Company
2501 NE 13th Court
Fort Lauderdale FL 33364 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (SO4) 400-4455  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$55.00 Filing Fee & \text{Certified Copy}\$\$\$Certified Copy (additional copy is enclosed)\$\$\$\$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

FILED

( ~~ ) ~~ ( ~~	dow 1	\.^	"E 244 12 EU 15: 45
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears Liability Company)	ON OUR PROPERTY OF STATE
The Articles of Organization for this Limited Li			
Florida document number LIIOO 105 047	<b>1</b>		•
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	oility company here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Company	";" the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE )	BOX)		
			The second secon
B. If amending the registered agent and/or registered agent and/or the new registered of			r records, <u>enter the name of the new</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		City	, Florida 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager , MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
,			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if nece	essary.)		
			F 12 JAN 1 SECTETA TALLAHAS		
Dated		- A	FILED 119 PM 12: 12 ARY OF STATE ASSEE, FLORIDA		
	Christina	mendo 7 dor printed name of signee			

Page 2 of 2

Filing Fee: \$25.00