

L11000131528

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FILED  
SEP 15 2014  
CLERK OF SUPERIOR COURT  
ALABAMA

B. BOSTICK

SEP 19 2014

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**COOKER MB LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**Claudio Benedetti**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**1680 Michigan Ave - Suite 910**

\_\_\_\_\_  
Address

**Miami Beach, FL 33139**

\_\_\_\_\_  
City/State and Zip Code

**cla.benedetti@gmail.com**

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

For further information concerning this matter, please call:

**Claudio Benedetti**

**305**

**672 4971**

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

FILED  
SEP 16 2011  
CLERK OF COURT  
TALLAHASSEE, FL

**TO  
ARTICLES OF ORGANIZATION  
OF**

**COOKER MB 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 12/07/2011 and assigned  
Florida document number L11000137588.

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)**

FILED  
SEP 16 2011  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**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 605, 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

**Authorized Member being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

| <u>Title</u> | <u>Name</u>        | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|--------------------|-----------------------|--------------------------------------------|
| MGRM         | Zannini Federico   | 1680 Michigan Ave     | <input type="checkbox"/> Add               |
|              |                    | Suite 910             | <input checked="" type="checkbox"/> Remove |
|              |                    | Miami Beach, FL 33139 |                                            |
| MGR          | Campili Alessandro | 1665 Bay Rd           | <input checked="" type="checkbox"/> Add    |
|              |                    | Unit 421              | <input type="checkbox"/> Remove            |
|              |                    | Miami Beach, FL 33139 |                                            |
|              |                    |                       | <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            |

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 10, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Claudio Benedetti**

\_\_\_\_\_  
Typed or printed name of signee

**FILED**  
2014 SEP 16 PM 12:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA