12000018391

| (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: | | | | | | | | |
| · FEB 2.1 2012 | | | | | | | | |
| L. SELLERS | | | | | | | | |
| | | | | | | | | |

Office Use Only



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12 FEB 20 PH 2: 1 TALLAHASSEE, FLORIDA

COVER LETTER

| | ration Secti on of Corpo | | | | | | | |
|-------------------------|--|--|---|--|------------------------|--|--|--|
| SUBJECT: | | | COTE SU | ID, LLC | | | | |
| | | | | bility Company | | | | |
| | | | | | | | | |
| The enclosed Ar | rticles of An | nendment and fee(s) | are submitted | for filing. | | | | |
| Please return all | correspond | ence concerning this | matter to the | following: | | | | |
| | | | | | | | | |
| | | | STEF | HEN HIDEKEL | • | | | |
| | | | î | Name of Person | | | | |
| | | | • | • | | • | | |
| Firm/Company | | | | | | | | |
| 600 THREE ISLANDS BLVD. | | | | | | | | |
| Address | | | | | | | | |
| | | | HALLAN | NDALE, FL 330 | 09 | | | |
| | , | | City/ | State and Zip Code | | | | |
| | - | E-mail ac | calausa | a@bellsouth.ne | et port notificatio | on) | | |
| For further infor | | cerning this matter, p | | ا مورات ال | | <i></i> | | |
| 7 Of Turtules sirror | mation con | erning tins matter, i | nouse curr. | | | | | |
| | | Greene CPA | | at (954) 894 Area Code & Daytime Tel- | | 1-7222 | | |
| | Name of Pe | erson ' | | Area Code à | & Daytime Tel | ephone Number | | |
| Enclosed is a ch | eck for the f | following amount: | | | | | | |
| \$25.00 Filing | g Fee [| \$30.00 Filing Fee Certificate of S | | 55.00 Filing Fee & Certified Copy (additional copy is | enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| gray to the eff | Registration of P.O. Box of Tallahasse | f Corporations | - Marie - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | Registration Division of Clifton Bu 2661 Exec | f Corporation | is Circle | | |
| | | r f htt pr d. de Asserbe | | and the second s | | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | COTES | JD, LLC | | |
|---|-----------------------|---------------------|---|-------------------------|
| (Name of the Limite | ed Liability Compa | ny as it now appea | rs on our records.) | |
| | (A Florida Ellinica I | Liaomity Company ; | | |
| The Articles of Organization for this Limited | Liability Company | were filed on | FEB. 7, 2012 | and assigned |
| Florida document numberL120000 | 18391 | | | |
| Tionda document number | | | | |
| | | | | |
| This amendment is submitted to amend the fo | llowing: | | | |
| A. If amending name, enter the new name | of the limited liab | oility company he | re: | |
| | N/A | \ | | |
| The new name must be distinguishable and end v "L.L.C." | vith the words "Limi | ited Liability Comp | any," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if appl | icable: | N/A | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | |
| | <u> </u> | | | |
| | | | | |
| | | NI/A | | |
| Enter new mailing address, if applicable: | | N/A | | |
| (Mailing address MAY BE A POST OFFICE | E BOX) | | | |
| | | | | |
| | | | | |
| B. If amending the registered agent and | | | our records, enter t | he name of the new |
| registered agent and/or the new registered | omice address ner | <u>e</u> : | | |
| | NIZA | | | |
| Name of New Registered Agent: | N/A | | | |
| New Registered Office Address: | N/A | | | |
| | | En | nter Florida st <mark>re</mark> et addi | ress |
| | | | , Florida | |
| | | City | | Zip Code |
| New Registered Agent's Signature, if changing | Pagistared Agent. | - 7 | Ē | 12 12 |
| New Negistered Agent 3 Signature, ir changing | Registeren Agent. | | A | |
| I hereby accept the appointment as register | ed agent and agr | ee to act in this c | תנ apacitv. I further abr | ee to comply with |
| the provisions of all statutes relative to the | proper and comp | lete performance | of my duties, and La | m familiar with and |
| accept the obligations of my position as reg | gistered agent as p | provided for in C | hapter 608, F.S. Of | j this Cocument is |
| being filed to merely reflect a change in the | | address, I hereby | y confirm that the E | Ned liability |
| company has been notified in writing of this | s change. | | | 4 60 |

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> **Address** Type of Action **MGRM** Liza Rouzeau 600 Three Island Blvd Hallandale, FL 33009 Remove Letteria Rouzeau MGRM 600 Three Island Blvd Hallandale, FL 33009 ☐ Remove ☐ Add Remove ☐ Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 FEB. 17 Dated _ Signature of a member or authorized representative of a member STEPHEN HIDEKEL

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00