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2012 MAY 18 PH 2: 52 SECRETARY OF STATE

J. BRYAN
MAY 2 1 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	T: Coco OF CAPE CORAL LLC Name of Limited Liability Company	
The end	osed Articles of Amendment and fee(s) are submitted for filing.	
	turn all correspondence concerning this matter to the following:	
i iouse i	than an correspondence correcting this matter to the following.	
	TACHE LARSON	
	Name of Person	
	Coco + CAPE CORAL, LLC Firm/Company	2012 HA
	3845 BECK BUD, #803	W 18 P
		TILEU 2012 HAY 18 PH 2: 52 SECALIASSEE, FLORID
	City/State and Zip Code (City/State and Zip Code (ACKIC Clarron @ Comcast, net E-mail address: (to be used for future annual report notification)	****
For fur	er information concerning this matter, please call:	
_	Esrica lusso a1 (239, 849-0012	
	Name of Person Area Code & Daytime Telephone Number	
Enclose	is a check for the following amount:	
	0 Filing Fee \$\ \begin{array}{c} \\$30.00 Filing Fee & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	e of Status &
	MAILING ADDRESS: STREET/COURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Coco OF CAPE	Can	160	
(Name of the Limited Liability Com	pany as it now appear d Liability Company)	rs on our records	.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L</u> 200028385.	• • • • • • • • • • • • • • • • • • • •	2/28/1	2 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited limited Δ			CREATE TO LE
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Compa	ny," the designati	on "LLC" or the appreviation
Enter new principal offices address, if applicable:		J/A	55 5
(Principal office address MUST BE A STREET ADDRESS)			23.00 C3.10
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		J /A	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	NA		
	(Em	ter Florida streei	t address
	City	, Florid	
New Registered Agent's Signature, if changing Registered Ager	City		Zip Code
new Registered Agent's Signature, it changing Registered Ager	<u>II.:</u>		

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
n <u>arm</u>	ROBERT PAUL HARBY	3845 BECK BUD. SUITE 803 NAPLES, FL 34114	Add Remove
			Add Remove
	<u></u>		TALLET Remove
			PAdd 22
			Rêmover
			Remove
			Add Remove
D. If amer	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	
<u> </u>			. <u></u>
-			
Dated	MAY 14 / 20		
	ROBERT PA	or authorized representative of a member or printed name of signer	
		Page 2 of 2	

Filing Fee: \$25.00