

L12000037616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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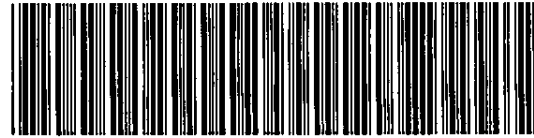
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 22 2013

F. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cocobay Orlando 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:

Leonardo Heidner

Name of Person

Law Office of Leonardo Heidner, PC

Firm/Company

500 Fifth Ave. Suite 1610

Address

New York, NY 10110

City/State and Zip Code

leo@heidnerlaw.com

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

For further information concerning this matter, please call:

Leonardo Heidner

Name of Person

at 212 302 9867

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

MS

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

Cocobay Orlando 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 03/16/2012 and assigned

Florida document number L12000037616

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:

6700 Indian Creek Dr., PH-08

(Principal office address MUST BE A STREET ADDRESS)

Miami Beach, FL 33141

Enter new mailing address, if applicable:

500 Fifth Ave. Suite 1610

(Mailing address MAY BE A POST OFFICE BOX)

New York, NY 10110

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

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TALLAHASSEE, FL

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>
MGR	Cristiano Bousquet Barreto	1700 Meridian Ave. S. 212	<input type="checkbox"/> Add
		Miami Beach, FL 33139	<input checked="" type="checkbox"/> Remove
MGR	Nazare Cristina Soares de Oliveira	Rua Simon Bolivar N. 57	<input type="checkbox"/> Add
		Niteroi, Rio de Janeiro Brazil	<input checked="" type="checkbox"/> Remove
AMBR	Cocobay Florida Properties Inc.	1700 MERIDIAN AVENUE, S. 212	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<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

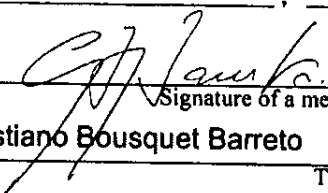
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Remove
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[Handwritten signatures]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 7, 2014




Signature of a member or authorized representative of a member
Cristiano Bousquet Barreto

Typed or printed name of signee

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Filing Fee: \$25.00


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