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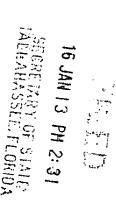
(1	Requestor's Name)			
(Address)			
	Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions	to Filing Officer:			





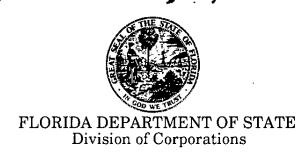
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JAN 1 4 2016 J SHIVERS

1,23



November 12, 2015

LINDA FERNANDEZ 201 N US HWY ONE #C3 JUPITER, FL 33477

SUBJECT: COCOA CABANA LLC Ref. Number: L12000080361

We have received your document for COCOA CABANA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 415A00023874

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

COVER LETTER

то:	Registration Secti Division of Corpo	on rations		:
SUBJE	ст: Сос	oa Cabana, L	<u></u>	
		Name of Limi	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The end	closed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	·
Please r	eturn all correspond	ence concerning this matter	to the following:	
	_	_	· ·	
		LINDAE	FERNANDEZ_ Name of Person	
			Name of Person	-
		Cocoa (Cebena, LLC Firm/Company	
			Firm/Company	
		201 N.	US, HIGHWAY OF	k #C3
			Address	
		Jupit	City/State and Zip Code	
				
		Linda.	Fernandez @ Me.	COM
		E-mail address; (t	o be used for future annual report notif	ication)
For furt	her information con	cerning this matter, please ca	II :	
	Linda E	. Fernandez	at (Sol 222 Area Code Daytime	-4653
	Name of Po	erson	Area Code Daytime	e Telephone Number
Enclose	d is a check for the t	following amount:		
. ,		_	D Oct on Div.	5 440 00 5
× \$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

TO ARTICLES OF ORGANIZATION OF

Coxoa Caba	na, LLC
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability of Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "LLC" or the abbreviation "L.L.C." 201 N. US Highway ONC Suite C3 Jupiter, FL 33477
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida
American American American	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

emoved from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MR	AntonioMFernandez	18813SEJUPITER RIVER Dr.	
		Jupher, FL 33458	Remove
			Change
AMBR	MATTT. Thoren	West Palm Beach, Fc:	X Add
		West Palm Beach, FL:	33401 Reinove
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			□ Remove
			Change
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·	F"⊆	2	PATE NO.
ffective date, if other than the date of filing:			
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	swill no	ਗ਼ਾਦਾਰ ਰਹ ਮ ਜਿੰਦੇ lis	ted as th
document's effective date on the Department of State's records.	\$#		
•	,		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the	e earl	ier of:
The 90th day after the record is filed.			
Dated NOV. 21, 2015,			
Saled Visit of the sale of the			
Signature of a member or authorized representative of a member			
1. Ma Farnance 7			
. , , , , , , , , , , , , , , , , , , ,			
Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00