L1200946061

(Re	questor's Name)	
(Ad	dress)	
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B. BOSTICK
MAY 3 0 2013
EXAMINER

COVER LETTER

	tration Secti on of Corpo					
	ohen & R	ocha, LLC				
SUBJECT:		Name of Limi	ted Liability Company			
The enclosed A	rticles of Am	nendment and fee(s) are sub	omitted for filing.			
Please return al	l corresponde	ence concerning this matter	to the following:			
		Deena R. Klurman-k	Kohen			
	•		Name of Person		-	
		Kohen & Rocha, LL0				
	•		Firm/Company		•	
		4330 N.W. 101st Dri	ve			
	•		Address		-	
		Coral Springs, FL 33	3065			
	•	n/a	City/State and Zip Code		Ta., 2	2
	-	E-mail address: (t	to be used for future annual report notificati	on)	SEC SEC	ت
For further info	rmation conc	erning this matter, please c	all:		SECRETA TALLAHA	
Steven H. C	Osber, Esc	٦.	954 370-9970 at () Area Code & Daytime Te		SS S	3
	Name of Pe	erson	Area Code & Daytime Te	lephone Number	OF STATE	<g< td=""></g<>
Enclosed is a ch	neck for the f	ollowing amount:			••	
■ \$25.00 Filin	g Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Statu	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kohen & Rocha, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number _____L12000146061 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Not applicable The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Not applicable Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Not applicable 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: Not applicable Name of New Registered Agent: Not applicable New Registered Office Address: Enter Florida street address , Florida _ City

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 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 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 **Title Type of Action** <u>Name</u> <u>Address</u> **MGRM** Deena R. Kohen 4330 N.W. 101st Drive Add Coral Springs, FL 33065 ✓ Remove Deena & Koken Hernando hoda 2830 WIONN For Add Coral Strings, Fl 33076 X Remove Ricarso Rocha 4830 NW 104 TERR Congl Spings +L 33076 Remove Remove Add Remove

Article VII	
A member may volunt	arily withdraw upon the written consent
of 1/3 in interest of the	e remaining Members or upon at least
30 days prior written r	notice to the Limited Liability Company.
5/24	2013
Deena Ill	nature of a member or authorized representative of a member
Deena Klurman-Ko	•

Filing Fee: \$25.00

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April 15, 2013

DENNA R. KLURMAN-KOHEN KOHEN & ROCHA, LLC 4330 N.W. 101ST DRIVE CORAL SPRINGS, FL 33065

SUBJECT: KOHEN & ROCHA, LLC

Ref. Number: L12000146061

We have received your document for KOHEN & ROCHA, 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):

The document must be signed by a member or an authorized representative of a member.

Please return 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.

Barbara Bostick Regulatory Specialist II

Letter Number: 213A00008905

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