#L13000016276

| (Requestor's Name) |
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| (Address) |
| (Address) |
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COVER LETTER

TO:

Registration Section **Division of Corporations**

COCOITA INVESTMENT, 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:

Cesar W. Araujo

Name of Person

COCOITA INVESTMENT, LLC

Firm/Company

1080 93rd Street # 12

Address

Bay Harbor Islands, FL. 33154

City/State and Zip Code

tarapotino_80@yahoo.com

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

For further information concerning this matter, please call:

Cesar W. ARAUJO

786 718 0439 at (_____) Area Code & Daytime Telephone Number

Name of Person

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)

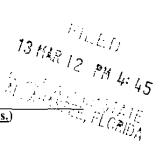
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



COCOITA INVESTMENT, 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 Lia Florida document numberL1300001627 | | 01/31/2013 | and assigned |
|--|---|-----------------------------|--------------------------|
| This amendment is submitted to amend the follow | wing: | | |
| A. If amending name, enter the new name of | the limited liability company b | nere: | |
| COCOITA, LLC | | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liability Con | npany," the designation " | LLC" or the abbreviation |
| Enter new principal offices address, if applica | ble: | | |
| (Principal office address MUST BE A STREET | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | r registered office address or ice address here: | n our records, <u>enter</u> | the name of the new |
| | | | |
| New Registered Office Address: | | Enter Florida street ad | dress |
| | | , 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 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.

| MGR = Manager MGRM = Managing Member | | | | | |
|---|-----------------|-------------------------|----------------|--|--|
| <u> Fitle</u> | <u>Name</u> | Address | Type of Action | | |
| Р | ARAUJO, CESAR W | 1080 93rd Street # 12 | Add | | |
| | | Bay Harbor Islands, FL. | Remove | | |
| | | 33154 | | | |
| MGRM A | ARAUJO, Cesar W | 1080 93rd Street # 12 | ✓ Add | | |
| | | Bay Harbor Islands, FL. | Remove | | |
| | | 33154 | | | |
| | | | Add | | |
| | | | Remove | | |
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| f amei | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--------|--|
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| | |
| | |
| | MABRON 06, 2,013 |
| | Margat |
| | Signature of a member by authorized representative of a member |
| | Cesar ARAUJO |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00