

10/27/2014

L13000036748

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H14000250845 3)))



H140002508453ABC5

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To:

Division of Corporations
Fax Number : (850)617-6383

EFFECTIVE DATE 10-27-14

From:

Account Name : SNYDER GROISMAN P.A.
Account Number : I20120000060
Phone : (786)899-2880
Fax Number : (786)899-2890

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COVE GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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B. BOSTICK

OCT 29 2014

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#140002508453

COVE GROUP, 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 3/11/13 and assigned Florida document number L13000036748

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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

#140002508453

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:

#14 000 250 84 53

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nicolas Velazquez	444 Bricke Avenue	<input type="checkbox"/> Add
		Suite 828	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131	
MGR	Jennifer Snyder	21500 Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		Suite 401	<input type="checkbox"/> Remove
		Aventura, FL 33180	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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#14 000 250 84 53

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


#14000250845

Four horizontal dotted lines for amending information.

E. Effective date, if other than the date of filing: October 27, 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 27, 2014


Signature of a member or authorized representative of a member

Jennifer Snyder auth rep
Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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#140002508453



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2014

COVE GROUP, LLC
444 BRICKELL AVENUE
SUITE 828
MIAMI, FL 33131US

SUBJECT: COVE GROUP, LLC
REF: L13000036748

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

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

FAX Aud. #: H14000250845
Letter Number: 114A00022999

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14 OCT 28 AM 10:00
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