

L13000117858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

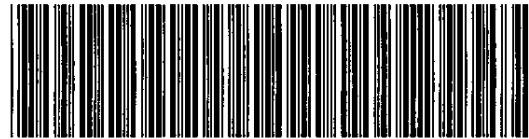
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

B. BOSTICK
OCT 31 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HARDING AVENUE PROPERTIES, 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:

Victoria Bertrand

Name of Person

Bloomgarden Goudreau & Rosen, P.A.

Firm/Company

8551 W. Sunrise Blvd., Suite 208

Address

Ft. Lauderdale, FL 33322

City/State and Zip Code

vbertrand@lawbgr.com

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

For further information concerning this matter, please call:

Victoria Bertrand

Name of Person

954 370-2222

at ()

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

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TALLAHASSEE, FLORIDA

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

JOHNSON STREET PROPERTIES II, 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 August 21, 2013 and assigned
Florida document number L13000117858.

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
SECRETARY OF STATE

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 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 Changing Registered Agent, Signature of New Registered Agent

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

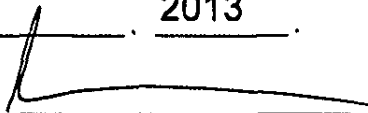
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	COCO DIVA INVESTMENTS, LLC	9595 Harding Avenue	<input type="checkbox"/> Add
		Surfside, FL 33154	<input checked="" type="checkbox"/> Remove
MGR	COCO DIVA INVESTMENTS, LLC	9595 Harding Avenue	<input checked="" type="checkbox"/> Add
		Surfside, FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10/13/01 BY 60322 UCBAW

2011 OCT 30 PM 3:55
Remove

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

Dated October 29 2013



Signature of a member or authorized representative of a member

ADAM SCHUCHOR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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