L13000127662

(Re	questor's Name)	
- (Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT .	MAIL
· (Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
••	Office Use On	lv



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2014 AUG 27 PN 12: 42 SECRETARL OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COFE FUND 2 INVESTMENTS 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:

RODOLFO A. VILLANUEVA

Name of Person

COFE FUND 2 INVESTMENTS LLC

Firm/Company

1500 SAN REMO AVENUE, STE 145

Address

CORAL GABLES, FL 33146

City/State and Zip Code

RVILLANUEVA@COFEPROPERTIES.COM

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

For further information concerning this matter, please call:

RODOLFO A. VILLANUEVA

,305 (662-6840

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED,

2014 AUG 27 PH 12: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COFE FUND 2 INVESTMENTS LLC

company has been notified in writing of this change.

(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 we Florida document number <u>L13000127662</u>	rere filed on 09/10/2013	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		٠
Enter new mailing address, if applicable:	1000	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:	ce address on our records, <u>enter the</u>	e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I am fam ovided for in Chapter 605, F.S. Or, if t	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	COFE PROPERTIES LLC	1500 SAN REMO AVENUE, STE 145	
		CORAL GABLES, FL 33146	Remove
MGR	COFE FUND 2 HOLDING CORP	1500 SAN REMO AVENUE, STE 145	
		CORAL GABLES, FL 33146	■ Remove
MGR ·	COFE PROPERTIES LLC	1500 SAN REMO AVENUE, STE 145	
-		CORAL GABLES, FL 33146	■ Add □ Remove
			
			□ Add
			□ Remove
			Add
			□ Remove
			_□ Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
~	
•	
E. Effec	tive date, if other than the date of filing: (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	te this document is filed by the Florida Department of State)
_	
Dated	·
	Mu
	Signature of a member or authorized representative of a member
	MIKE VERDEJA
	Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE