

214 000010704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600261364696

06/23/14--01043--024 **25.00

14 JUN 23 AM 10:28
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cordova Research Institute, 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:

Yaquelin Rodriguez
Name of Person
Cordova Reasearch Institue, LLC
Firm/Company
7815 Coral Way Suite#101
Address
Miami, Florida, 33155
City/State and Zip Code
yrodriguez@cordovari.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yaquelin Rodriguez at **(786) 554-2254**
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**

Cordova Research Institute, 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 01/21/2014 and assigned Florida document number L14000010704.

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)

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:

Migdalia Cordova

New Registered Office Address:

7815 Coral Way Suite#101

Enter Florida street address

Miami

City

Florida

33155

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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|--------------------------|--|
| MGR | Yaquelin Rodriguez | 7815 Coral Way Suite#101 | <input type="checkbox"/> Add |
| | | Miami, Florida, 33155 | <input checked="" type="checkbox"/> Remove |
| AMBR | Yaquelin Rodriguez | 7815 Coral Way Suite#101 | <input checked="" type="checkbox"/> Add |
| | | Miami, Florida, 33155 | <input type="checkbox"/> Remove |
| MGR | Migdalia Cordova | 7815 Coral Way Suite#101 | <input checked="" type="checkbox"/> Add |
| | | Miami, Florida, 33155 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

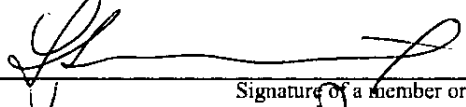
14 JUN 23 11:52 AM
 STATE OF FLORIDA
 TALLAHASSEE

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

E. Effective date, if other than the date of filing: _____ (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 June 10, 2014



Signature of a member or authorized representative of a member
YARJEN ROONAN

Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
14 JUN 23 AM 10:26
001120