

LI4 000 0 79681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

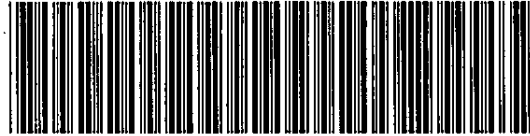
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200272142102

04/24/15--01031--006 \*\*25.00

FILED  
15 APR 24 AM 7:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

↓ Shivers MAY 01 2015

**BGR** | BLOOMGARDEN  
G O U D R E A U  
& R O S E N , P . A .

April 22, 2015

**Via Federal Express**

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

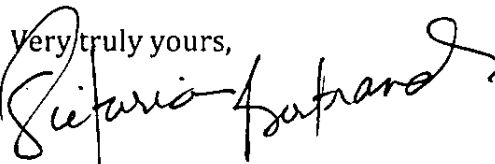
Re: Articles of Amendment for 2255 SW 22 ST, LLC  
Document No. L14000038081

Dear Sir or Madam:

Enclosed please find the Cover Letter and Articles of Amendment for 2255 SW 22 ST, LLC as referenced above. Please have these filed and make the respective changes for the company on sunbiz.org. Also enclosed is our check in the amount of \$25.00 to cover the filing fee.

Please return a filed copy in the self-addressed, stamped envelope provided.

Thank you very much for your assistance. Of course, if you need any additional information, please feel free to contact me.

Very truly yours,  


Victoria Bertrand  
Corporate and Real Estate Paralegal

Enclosures

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

2255 SW 22 ST, 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 March 6, 2014 and assigned Florida document number L14000038081.

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: Bloomgarden, Goudreau & Rosen, P.A.

New Registered Office Address: 8551 W. Sunrise Blvd., Suite 200  
Enter Florida street address

Ft. Lauderdale, Florida 33322  
City Zip Code

FILED  
15 APR 24 AM 7:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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	Keith Gray	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
			<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

15 APR 24 AM 7:53  
 CLERK OF DISTRICT COURT  
 TALLAHASSEE, FLORIDA

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 April 17, 2015



Signature of a member or authorized representative of a member

Keith Gray

Typed or printed name of signer

Page 3 of 3  
Filing Fee: \$25.00

FILED  
15 APR 24 AM 7:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA