114000070959

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SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER MAY 3 1 2018

COVER LETTER

TO:	Registration Sec Division of Corp							
CHDI		ASTERN SHORES 1 LLC						
Name of Limited Liability Company								
The e	nclosed Articles of 2	Amendment and fee(s) are sub	mitted for filing.					
Please	e return all correspon	ndence concerning this matter	to the following:					
			Name of Person					
		COTINA EASTERN SHO	RES 1 LLC					
		-	Firm/Company					
		2600 WILLIAMS ISLANI	D BLVD STE. 1106					
			Address					
		AVENTURA, FL 33160						
			City/State and Zip Code					
		cotacohen@gmail.com						
		E-mail address: (to be used for future annual report notif	ication)				
For fu	uther information co	oncerning this matter, please c	all:					
CARI	LOS GONZALEZ		954 589-5110 at ()					
	Name of	Person	at () Area Code Daytime	: Telephone Number				
Enclo	sed is a check for th	e following amount:						
■ Si	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

DocuSign Envelope ID: 377666C1-1157-4146-8F32-F2B14450F81E

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COTINA EASTERN SHORES I LLC	-		
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited l	ny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liab Florida document number L14000070959	oility Company	were filed on 05/01/2014	and assigned
This amendment is submitted to amend the follow	ing:		
	-	ility company here:	
N/A			
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	N/A	
(Principal office address MUST BE A STREET)	ADDRESS)		基
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Enter new mailing address, if applicable:		N/A	S AM
(Mailing address MAY BE A POST OFFICE BOX)			
			80 25
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			ds, <u>enter the name of the ne</u>
New Registered Office Address:		Enter Florida street addr	ress
		. I	Florida
	new name of the limited liability company here: Indicontain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." In ress, if applicable: N/A		

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

DocuSign Envelope ID: 377666C1-1157-4146-8F32-F2B14450F81E
It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SADY KNOBLOCH	2600 WILLIAMS ISLAND BLVD	■ Add
		STE, 1106	□ Remove
		AVENTURA, FL 33160	□ Change
			□ Remove
			Change
			Add
			□ Remove
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Effective date, if oth (If an effective date is listed Note: If the date inser document's effective d	d, the date must be ted in this block	specific and does not m	cannot be pricet the app	ior to date of licable state		re than 90 da			
the record specifies b) The 90th day aft			ate, but i	not an eff	ective ti	me, at 12	:01 a.m. d	on the ear	lier
Dated MAY 18		_	2018	. •					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00