

L14000126632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

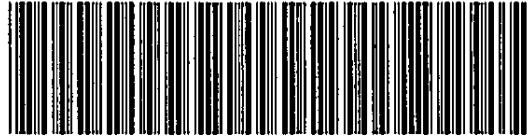
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200277590082

L14-126632

Amend

10/01/15--01009--019 **25.00

FILED
15 OCT -1 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT -2 2015

N. CAUSSEAU

Corinne BENKEMOUN
COJEAN LLC
1865 Cleveland Road
MIAMI BEACH FL 33141

Registration Section
Division of Corporations
P.O. Box 6327
TALLAHASSEE FL 32314

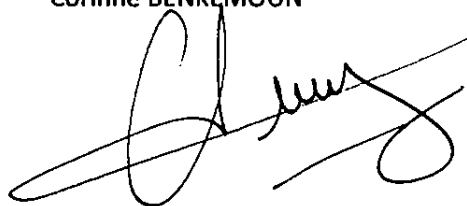
Dear Madam, Dear Sir

Please find here the cover letter to change the principal address and mailing address of our LLC.

You will also find a check for fees.

Hoping all is well filled, please, receive my best regards.

Corinne BENKEMOUN

A handwritten signature in black ink, appearing to be 'Corinne Benkemoun', written over a horizontal line.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COJEAN 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:

Corinne BENKEMOUN

Name of Person

Firm/Company

1865 Cleveland Road

Address

Miami Beach FL 33141

City/State and Zip Code

corinnebenkemoun@hotmail.fr

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

For further information concerning this matter, please call:

Corinne BENKEMOUN

305 799.4768

at ()

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**

COJEAN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 OCT - 1 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/13/2014 and assigned
Florida document number L14000126632

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1865 Cleveland Road

(Principal office address MUST BE A STREET ADDRESS)

MIAMI BEACH FL 33141

Enter new mailing address, if applicable:

1865 Cleveland Road

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI BEACH FL 33141

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:

1865 Cleveland Road

Enter Florida street address

MIAMI BEACH

Florida 33141

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 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 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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
OCT-1 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 09/24/2015

Signature of a member

Signature of a member or authorized representative of a member

Corinne BENKEMOUN

Typed or printed name of signee