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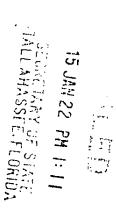
(Re	equestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Cotarde	LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Victor Pellon / Danu	ta Dudek	
		Firm/Company ickell Avenue, APT 2804 Address FL 33131 City/State and Zip Code ctarde.com E-mail address: (to be used for future annual report notification) s matter, please call: 786 Area Code Daytime Telephone Number amount: Filing Fee & \$\square\$ \$55.00 Filing Fee & \$\square\$ \$60.00 Filing Fee,	
	Cotarde LLC		226 aytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy
		Firm/Company	
	951 Brickell Avenue	, APT 2804	
		Address	······································
	Miami, FL 33131		
	info@cotarde.com		
			ication)
For further information c	oncerning this matter, please co	all:	
Victor Pellon			
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

Cotarde LLC					
(Name of the Limit	ed Liability Compar (A Florida Limited L	iy as it now appears on our is iability Company)	records.)		
The Articles of Organization for this Limited Li Florida document number L14000162853			14, 2014	_ and assig	gned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and end with the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbr	eviation "L.I	L.C."
Enter new principal offices address, if applic	able:	************			
(Principal office address MUST BE A STREE	T ADDRESS)				
		99 999 90 99 900 0 0 0 0 0 0 0 0 0 0 0			
Enter new mailing address, if applicable:				·	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
B. If amending the registered agent and/ registered agent and/or the new registered of			cords, enter the	name of	f the new
Name of New Registered Agent:	Victor PELL	ON).	Co.	
New Registered Office Address:	951 Brickell	Avenue, APT 2804 Enter Florida street	address	14.22 14.87	Secretary Secretary
	Miami	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20.Th	C: 1	
	MIGHT	City	_, Florida 3313	Zip Code	\$1.74(mag)
New Registered Agent's Signature, if changing F	legistered Agent:		10,4		

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Victor PELLON	951 Brickell Avenue, APT 2804	= Add
		Miami, FL 33131	🗆 Remove
		United States	
MGR	Danuta DUDEK	951 Brickell Avenue, APT 2804	■ Add
		Miami, FL 33131	☐ Remove
		United States	
			 ■ □ Remove
			<u>.</u>
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			Ardd C
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			 •□ Add
			 □ Remove
			1

ir amending any other miorn		,		• •
. My last name	(Pellon)	Wes miske	lled in one	08
the pages in	Sunbig. org	, please	check it.	
Also, I sl	oold only	be listed	once as	
"Manager".				
•				
Effective date, if other than the effective date must be specific, cathe date this document is filed by the	nnot be prior to date of rece		(option to be more than 90 days at	
Dated January 16th	201	4		
	Vist- 1	Ul		
Verter DELLON	Signature of a member of	or authorized representativ	e of a member	<u>-</u> .
Victor PELLON				
	T	or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

15 JAN 22 PH 1: 11