

L14000 162853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

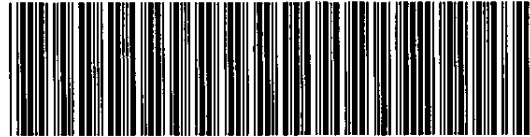
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100287774221

07/11/16--01028--013 **30.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 12 PM 2:08

JUL 12 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cotarde 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:

Victor Pellon / Danuta Dudek
Name of Person
Cotarde LLC
Firm/Company
PO Box 452824
Address
Miami FL 33245
City/State and Zip Code
info@cotarde.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 12 PM 2:08

For further information concerning this matter, please call:

Victor Pellon at (786) 451 6226
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Cotarole 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 October 14, 2014 and assigned Florida document number L14000162853

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:

(Principal office address MUST BE A STREET ADDRESS)

2025 SW 21st Street
Miami FL 33145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 452824
Miami FL 33245

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:

2025 SW 21st Street

Enter Florida street address

Miami

City

Florida

FL 33145

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
/	/	/	<input type="checkbox"/> Add
/	/	/	<input type="checkbox"/> Remove
/	/	/	<input type="checkbox"/> Change
/	/	/	<input type="checkbox"/> Add
/	/	/	<input type="checkbox"/> Remove
/	/	/	<input type="checkbox"/> Change
/	/	/	<input type="checkbox"/> Add
/	/	/	<input type="checkbox"/> Remove
/	/	/	<input type="checkbox"/> Change
/	/	/	<input type="checkbox"/> Add
/	/	/	<input type="checkbox"/> Remove
/	/	/	<input type="checkbox"/> Change
/	/	/	<input type="checkbox"/> Add
/	/	/	<input type="checkbox"/> Remove
/	/	/	<input type="checkbox"/> Change

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 12 PM 2:08

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

New office and mailing addresses only

Office : 2025 SW 21st Street
Miami FL 33145

Mailing : PO Box 452824
Miami FL 33245

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 6th 2016.

Victor Pellón

Signature of a member or authorized representative of a member

Victor Pellón

Typed or printed name of signee

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 12 PM 2:08