615000007306

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COVER LETTER

	tion Sectio of Corpor				
COO	COON 5	5 LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed Artic	cles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all co	orresponde	nce concerning this matter	to the following:		
		LYDIA FERAL			
	,		Name of Person		
		COCOON 5 LLC			
	•		Firm/Company		
		18201 COLLINS AV	ENUE # 506		
	•		Address		
		SUNNY ISLES, FL 3	33160		
	•		City/State and Zip Code		
	-	E-mail address: (t	to be used for future annual	report notification)	
For further informa	ation conc	erning this matter, please ca	all:		
LYDIA FERAL	L		954 92	94475	
1	Name of Per	rson	Area Code	Daytime Telephone Nu	mber
Enclosed is a check	k for the fo	ollowing amount:			
□ \$25.00 Filing I	Fee I	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Cert losed) Cert	00 Filing Fee, ificate of Status & ified Copy tional 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

	, Florida
New Registered Office Address:	Enter Florida street address
Name of New Registered Agent:	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	
(Mailing address MAY BE A POST OFFICE BOX)	SUNNY ISLES, FL 33160
Enter new mailing address, if applicable:	18201 COLLINS AVENUE # 506
(Principal office address MUST BE A STREET ADDRESS)	SUNNY ISLES, FL 33160
Enter new principal offices address, if applicable:	18201 COLLINS AVENUE # 506
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or the abbreviation "L.L.C."
A. If amending name, <u>enter the new name of the limited liab</u>	illity company here:
This amendment is submitted to amend the following:	
Florida document number <u>L15000007306</u>	
The Articles of Organization for this Limited Liability Company	were filed on 01/13/2015 and assigned
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)
COCOON 5 LLC (Name of the Limited Liability Compa	any se if now annears on our records)

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
A:MBR =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LENA ASTROM	16694 121ST STREET TER N	
		JUPITER, FL 33478	Remove
MGR	LYDIA FERAL	18201 COLLINS AVENUE # 506	A dd
		SUNNY ISLES, FL 33160	□ Remove
			Add
			Remove
			□ Add
			Remove
			
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ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed de date this document is filed by the Florida Department of State) ted O1/22/2015 Signature of a member or authorized LYDIA FERAL	~~~ .

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Filing Fee: \$25.00