L15000015523

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04/03/15--01021--003 **25.00

COVER LETTER

TO:	Registration So Division of Co	rpo rations		<u>.</u>
SUBJI	ECT: ED	COOK REA	IL ESTATE	, LLC
		Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ondence concerning this matter t	o the following:	
		Edwar	A Cook Name of Person	
		Ed Cool	Keal Es	tate, LLC
			Firm/Company	1
		1 N. Oc	ean Blvd	# 12-12
		0 0	Address	
		Yompano Y	Deach, Fl. City/State and Zip Code	33017
		edcooktea	City/State and Zip Code CS + Q + C C De used for future annual repo	Lmail. com
		E-mail address: (to	o be used for future annual rep	ort notification)
For fur	ther information o	concerning this matter, please ca	11:	
E	dward	CoxK	at (732)	997-8620
	Name o	of Person	Area Code I	Daytime Telephone Number
Enclos	ed is a check for t	he following amount:		
\$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$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

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

APR - 3 PM 3: 17 (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 Florida document number L 15000015593 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 end with 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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>:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Add
			Remove
	-		Add
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			Add
		## ***********************************	Remove
			□ Remove

). If amending	any other information, enter change(s) here: (Attac	•
 ,		DIVISION OF CORPORATION
		15 APR -3 PM 3: 17
(The effective date	e, if other than the date of filing: e must be specific, cannot be prior to date of receipt or filed date a cument is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
	Narch 26, 2015.	
	Edward Cook	
	Signature of a member or authorized rep	resentative of a member
	Edward Cook	
	Typed or printed name of	of signee

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Filing Fee: \$25.00