

Apr. 20. 2015 10:23AM

nelson & asso.

Apr. 20. 2015 10:23AM

L15000028949

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.
Account Number : I20120000083
Phone : (305) 593-0829
Fax Number : (305) 593-8744

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: YNELSON@TAXNELSON.COM

15 APR 20 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COFI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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APR 21 2015

Apr. 20, 2015 10:25AM
850-817-8381

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No. 2510 P. 1/5
Fax Server



April 20, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COFI, LLC
13190 SW 134TH STREET
SUITE 207
MIAMI, FL 33186US

SUBJECT: COFI, LLC
REF: L15000028949

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H15000094561
Letter Number: 615A00007788

15 APR 20 AM 10:00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REGISTRAR'S SERVICES

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H150000945613

COFI, 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 02/16/2015 and assigned
Florida document number L15000028949.

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)

FILED
15 APR 20 PM 4:58
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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

_____, Florida _____
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

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H150000445613

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR

NEIL CORRADINE

13190 SW 134TH ST, STE 207

☐ Add

MIAMI, FL 33186

☒ Remove

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TALLAHASSEE, FLORIDA

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No. 2510 P. 5/5
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- D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 17, 2015

Signature of a member or authorized representative of a member

YAMILA NELSON, CPA

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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