## 45000123613

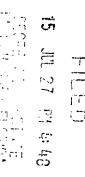
(Re	questor's Name)	
DA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JUL 2 8 2015 S. YOUNG

## COVERLETTER

TO:	Registration Se Division of Cor			<b>√</b> ¶.		
SITE	ONE COC.					
SUB	JEC1:	Name of Lim	ited Liability Company			
The o	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pleas	se return all correspo	ondence concerning this matter	to the following:			
		GUSTAVO BENITO				
			Name of Person		_	
		ONE COCADA LLC				
			Firm/Company		_	
		808 BRICKELL KEY DR	APT 1701			
		<del></del>	Address	<del></del>	<del>-</del>	
		MIAMI, FL, 33131				
		ONECOCADA@GMAIL.	City/State and Zip Code COM		- - - -	
		E-mail address: (	to be used for future annual report notific	cation)		17
For f	urther information c	oncerning this matter, please c	all:		27 8%3	
GUS	STAVO BENITO		305 8776660 at ( )			
	Name o	f Person		Telephone Numbe		
Encl	osed is a check for the	he following amount:				
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	

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 ORGANIZATION OF

ONE COCADA LLC	
Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file lorida document number	d on and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	7.2.3
	The state of the s
Enter new mailing address, if applicable:	27 17
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	dress on our records, enter the name of the
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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Type of Action
AMBR	Gustavo Benito	808 Brickell key DR #1701 Add
		MiAMI, FL, 33131 Remove
		Change
AMBR	Maurilia Carrabs Caracciolo	808 Brickell key DR # 1701 - Add
	CARACCIOIO	Mi AMi, \$1,33131 - Remove
		Change
		Add  Remove  Add  Add  Remove
		Change
		Remove
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	an the date of filing:			(optional)	
fective date, if other tha	late must be specific and c	annot be prior to date	of filing or more than '		Pursuant to 605 020
n effective date is listed, the d	محمد فحمد محمد المحالية المحالية المارية				
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Filing Fee: \$25.00