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COVER LETTER

Copper Cr SUBJECT:	reck Devlopments, LLC				
SUBJECT:	Name of Lin	nited Liability Company	1		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Barbara U. Uberoi, Esq.				
	- -	Name of Person			
	Dogali Law Group				
		Firm/Company			
	401 E. Jackson St., Ste. 18	25			
		Address			
	Tampa, FL 33602				
		City/State and Zip Code		19 SI	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	E-mail address: (to be used for future annual report notif	ication)	-ci	द्याः
For further information of	concerning this matter, please ca	all:		19 SEP 23 PM L: 1	
Barbara U. Uberoi		\$13 289-0700		<u> </u>	FOR P
Name c	of Person		Telephone Number	8	ORATIONS
Enclosed 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)	☐ \$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

COPPER CREEK DEVLOPMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(λ Florida Limited Liability Company)

	, , ,	- 	
The Articles of Organization for this Limited Liability	Company were filed on June 17, 2019	and assigned	
Florida document number L19000159480	<u></u> .	GE C	
This amendment is submitted to amend the following:		I	
A. If amending name, enter the new name of the lin	nited liability company here:		
COPPER CREEK DEVELOPMENTS, LLC			
The new name must be distinguishable and contain the words "Li	mited 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 ADD			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		-	
A STANLING WHITE STANLING WHITE BOXY			
			
B. If amending the registered agent and/or registered agent and/or the registered agent and/or the registered agent and/or the registered agent and/or the registered agent and/or registered agent agent and/or registered agent ag	stered office address on our records, enter	r the name of the n	
registered agent and/or the new registered office add	aress here:		
Al CAL IN C. L.			
Name of New Registered Agent:	-		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
		Zη) Code	
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and e accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and I am igent as provided for in Chapter 605, F.S. Or red office address. I hereby confirm that the li	familiar with and ; if this document is	
	If Changing Registered Agent, Signature of New R	egistered Agent	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Remove
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n effective date is listed, the d	ate must be specific and cannot be prior t	o date of filing or more th	an 90 days after filing \ Pursi	uant to 605 03
ote: If the date inserted in	this block does not meet the applica	ble statutory filing requ	airements, this date will r	ot be listed
cument's effective date or	the Department of State's records.			
record specifies a de	layed effective date, but not	an effective time,	at 12:01 a.m. on th	ne earlier
he 90th day after th	e record is filed.			
September 16, 2019				
	Signature of a member or author	_ ·		
// . `	11			
Kerhasal	61C#2320\			

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00