L19000731087

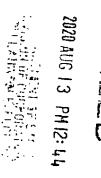
(Re	questor's Name)	· · ·
(Âd	dress)	·-
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
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SEP 3 0 2020 S. YOUNG

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: The	COP3 Trair	ning LkC ed Liabilly Company		<u> </u>
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all correspond	lence concerning this matter to	o the following:		
	Tu	Hell Allen Name of Person		
		Firm/Company		·
	19179	NW 24th C	T	
	Pembro	OKE Pines, Fl City/State and Zip Code	3	3029
	+uspofficia	Imia a gmail Co be used for future annual report notif	ication)	 _
For further information con	cerning this matter, please cal	1:		
Tytell J Name of P	Allen -	at (954) 798 - Area Code Daytime	- 3 Telepho	ne Number
Enclosed is a check for the	following amount:			
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	氢	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

엉

O	F S S
The Cord Iraini (Name of the Limited Liability Compa (A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document number <u>LIGOO231087</u>	were filed on 9 12 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	19179 NW 24th CT Pembroke Pines, FL 33029
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19179 NW 24th CT Pembroke Pines, FL 33029
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□Change
		□Remove	
		□Change	
			□Add
			□ Remove
			□Change
			□ Remove
			□Change
		□Add	
		□Remove	
		□Change	
		□Add	
			□ Remove
			□ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
<u> </u>	
Note:	ive date, if other than the date of filing: DUCIUST 12th 2020 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	August 12th 2020
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00