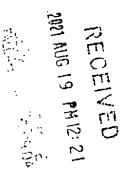
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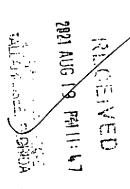
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 957292 8354002
AUTHORIZATION :
COST LIMIT : 5 25.00
ORDER DATE : August 13, 2021
ORDER TIME : 9:02 AM
ORDER NO. : 957292-005
CUSTOMER NO: 8354002
DOMESTIC AMENDMENT FILING NAME: COOPER'S COINS & COLLECTIBLES LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER'S INITIALS:

COVER LETTER

	gistration Se vision of Cor			
eunueer	COOPER'S	COINS & COLLECTIBLES	LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter		
		LISA LA QUAGLIA		
		-	Name of Person	
		COOPER'S COINS & CO	LLECTIBLES LLC	
			Firm/Company	
		52 OAK COURT		
			Address	
		TOCCOA, GA 30577		
			City/State and Zip Code	
		laquaglia@tutanota.com		
		E-mail address: (t	to be used for future annual report noti	fication)
For further in	nformation co	oncerning this matter, please ca	ıll:	
LISA LA QI	UAGLIA		732 573-4046	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COOPER'S COINS & COLLECTIBLES LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000366845</u> .	were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1249 EARNEST STREET EAST
(Principal office address MUST BE A STREET ADDRESS)	LEHIGH ACRES, FL 33974
Enter new mailing address, if applicable:	52 OAK COURT
Mailing address MAY BE A POST OFFICE BOX)	TOCCOA, GA 30577
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regist
Name of New Registered Agent:	TEX SET
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 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>	<u>Address</u>	Type of Action
AMBR	LISA LA QUAGLIA	1249 EARNEST STREET EAST	□ Add
		LEHIGH ACRES, FL 33974	□Remove
			\= Change
AMBR	PHILIP MAGNOTTI	1249 EARNEST STREET EAST	□Add
		LEHIGH ACRES, FL 33974	□Remove
			≘ Change
			□Add
			□Remove
			Change
			□Remove
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			□Remove
			□Change
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			□Change

	ding any other information,	8 (1)			
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<u>ote:</u> li	e date, if other than the date tive date is listed, the date must be sp the date inserted in this block do nt's effective date on the Departn	oes not meet the applicat	o date of filing or more the	(optional) an 90 days after filing.) Pursi uirements, this date will r	uant to 605.0207 not be listed as
ecord is filed	specifies a delayed effective date l.	, but not an effective tim	ne, at 12:01 a.m. on the	e carlier of: (b) The 90th	day after the
ted A	ugust 18 Lisa La	, 2021 Leglia			
	Signa	ture of a member or authori	ized representative of a r	nember	
	LISA LA QUAGLIA				

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Filing Fee: \$25.00