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(Requestor's Name)
(104-20-20-20-20-20-20-20-20-20-20-20-20-20-
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
9/2/204

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09/20/21--01022--004 **25.00

2021 SEP 20 PM 3: 20
SECRETARY OF SIGHT

COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT: PES	CE COOPER Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Maria Pesce 110 High Lake	P. Cooper Name of Person Cooper Firm/Company Land H. Address Vary FL 3. City/State and Zip Code	2746
	E-mal address: (DU 22 a hothu a lo be used for future annual report noti	ilcation)
For further information c	oncerning this matter, please ea	all:	
Maria Name o	TPerson Person	at (401) 902 Area Code Daytime	· 6008 e Telephone Number
Enclosed is a check for the	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 20 PM 3: 20

PESCE CO	PER LL	<u></u>	SECRETARY OF STATE TALLAHASSEE, FLORE
(Name of the Limited Lial (A Flor	bility Company as it no rida Limited Liability Co	iw appears on our recompany)	cords.)
The Articles of Organization for this Limited Liability Florida document number	y Company were file 679	ed on $\frac{2}{10}$	ZOZI and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	imited liability com	pany here:	
The new name must be distinguishable and contain the words "l	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 AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address here		on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street ad	dress
			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 Type of Action **Title** <u>Address</u> MGR Maria P. Cooper 110 Highland Ct. DANS Lake Mary FL. 32746 Remove ☐ Change MGR Robert V. Cooper JR. 110 Highland Ct. DANG Lake Mary, Fl. 327/6 PREMOVE ______ Change ☐ Remove _____ □ Change ____ 🗆 🗀 Add Change _____ □Change _____ 🗆 🗀 Add □Remove

_____ □Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing:
f the record	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 ed.
Dated _	Signature of a member of authorized representative of a member
	EURERT Y. COOPER JR. Typed or printed name of signee

Filing Fee: \$25.00