Division of Corporations Electronic Filing Cover Sheet

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(((H200001613093)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500 : (800) 432-3622 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COPPOLA HOLDINGS OF FL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

## **COVER LETTER**

		Section Corporations			
SUBJECT:	Сорро	ola Holdings of FL, LLC			
·		Name of Foreign	Limited Liab	ility Con	рапу
Dear Sir or M	fadam:				
The enclosed	applica	ation, certificate and fee(s) a	ire submitted f	for filing.	
Please return	all com	respondence concerning this	matter to the	followin	g:
Patrice Coppol	la			_	
		Name of Person			
		Firm/Company		-	
190 North Con	np <b>ass</b> Di	rive		_	
		Address			
Fort Lauderda	le, FL 33	3308		_	
		City/State and Zip Code			
pmc190ftl@ac				_	
E-mail add	ress: (1	to be used for future annual	report notifica	tion)	
For further in	nformat	ion concerning this matter,	please call:		
Patrice Coppo			at (	263-78	
	Naл	ne of Person	Area Code	& Dayt	ime Telephone Number
Regi Divi: P.O.	sion of Box 6	n Section Corporations		Divisio The Ce 2415 N	ation Section n of Corporations ntre of Tallahassee Monroe Street, Suite 810 ussee, FL 32303
Encl		a check for the following  \$\Boxed{\subseteq}\$ \$30 Filing Fee &  Certificate of Status	amount:   \$55 Filing  Certified (		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

#### SECTION I (1-4 must be completed)

<ol> <li>Name of limited liability Company as it appears</li> </ol>	s on the records of the Florida Departmen	ıt of
State: Coppola Holdings of FL, LLC		
Enter new principal office address, if applicable:	190 North Compass Drive	
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33308	
Enter new mailing address, if applicable: ( <u>Mailing address</u> MAY BE A POST OFFICE BOX)	190 North Compass Drive Fort Lauderdale, FL 33308	
2. The Florida document number of this limited lia	ability company is: M20000004437	
3. Jurisdiction of its organization: Delaware		202
4. Date authorized to do business in Florida: May	12, 2020	
SECTION II (5-9 complete only the applicable	changes)	29
5. New name of the limited liability company: C (mus	oppola Visual Health, LLC st contain "Limited Liability Company,"	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	inaging members adopting the affertiate it	n Florida and attach a ame. The alternate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, <u>enter the ddress here:</u>	he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street	Address
	City Floa	rida
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change liability company has been notified in writing of the state	ent and agree to act in this capacity. I fair r and complete performance of my duties, stered agent as provided for in Chapter 60 e in the registered office address, I hereby	05 FS Or Hills

Filing Fee: \$25.00

Typed or printed name of signee

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "COPPOLA HOLDINGS, LLC", CHANGING ITS NAME FROM "COPPOLA HOLDINGS, LLC" TO "COPPOLA VISUAL HOLDINGS, LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF MAY, A.D. 2020, AT 9:16 O'CLOCK A.M.



Authentication: 203011966 Date: 05-29-20

7907131 8100 SR# 20205085749

You may verify this certificate online at corp.delaware.gov/authver.shtml

Taylor Seay 8004323622

Sinti of Delivers
Signatury of State
Division of Compositions
Delivered 09:16 AM 05/29/2020
FILED 09:16 AM 05/29/2020
SR 20205045749 - File Rumber 7507131

# STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Limite	d Liability Company:	Coppola Hold	ings,	LLC
The Cartificate	of Formation of the lin	aited liability same	nome ia h	anahar an
ine Cerdinale des follows:	ol Coldistion of me in	med habinty com	рану.ы п	erco's mi
	the Company is	s Coppola Vis	ual Hō	olding
IN WITNESS V	VHEREOF, the unde	rsigned have execu	ited this (	Certifica D. 2020
IN WITNESS V	day of Mey	/s/ Robert Copp	, A.	Certifica D. 2020
IN WITNESS V	WHEREOF, the under day of May	/s/ Robert Copp	, A.	D. <u>2020</u>
IN WITNESS:N	day of May	/s/ Robert Copp	ola	D. <u>2020</u>