L0400005639

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JUN - 1 2015

T. BROWN

COVER LETTER

TO: Registra Division	ntion Section , of Corporations	4	N ₀ (1) (2) (3)
SUBJECT:	ANCES GRACE COOPER	, P.L.	ation)
SUBJECT:	Name of L	imited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are s	ubmitted for filing.	
Please return all c	correspondence concerning this matt	er to the following:	
	FRANCES GRAC	E MASON, ESQ.	
		Name of Person	
		Firm/Company	
	154 LOOKOUT PO	DINT DRIVE	
		Address	
	OSPREY FL 3422	9	
		City/State and Zip Code	
	francesgracecoope	•	
	E-mail address	s: (to be used for future annual report notif	ication)
For further inform	nation concerning this matter, please	e call:	
FRANCES G	RACE MASON ESQ.	941 302-1702	
·	Name of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a che	ck for the 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

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 28, 2015

FRANCES GRACE MASON, ESQ. 154 LOOKOUT POINT DRIVE OSPREY, FL 34229

SUBJECT: FRANCES GRACE COOPER, P.L.

Ref. Number: L04000056394

We have received your document for FRANCES GRACE COOPER, P.L. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must contain CHARTERED. PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 615A00008691

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

OF		4 1
FRANCES GRACE COOPER, P.L.		and assigned
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	is it now appears on our records.)	- 10 C
		3
The Articles of Organization for this Limited Liability Company we	re filed on 7/29/2004	and assigned
Florida document number L04000056394		Office Control
This amendment is submitted to amend the following:		O.A.
A. If amending name, enter the new name of the limited liability	company here:	
FRANCES GRACE MASON, P.L.L.C.		
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	T-P-S-L-MARI	<u> </u>
-		
Enter new mailing address, if applicable:	····	
(Mailing address MAY BE A POST OFFICE BOX)		
_		
B. If amending the registered agent and/or registered office	address on our records enter	the name of the new
registered agent and/or the new registered office address here:	address on our records, enter	the name of the new
Name of New Registered Agent:		
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 t		
provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as prov		
being filed to merely reflect a change in the registered office add		

If Changing Registered Agent, Signature of New Registered Agent

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

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
			□ Remove
			Change.

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ective date, if other n effective date is listed, the te: If the date inserted	e date must be specific in this block does r	c and cannot be pric not meet the appli	cable statutory	or more than 90 o	_ (optional) lays after filing.) Pu ents, this date wil	rsuant to 605.02 I not be listed (
cument's effective date	on the Department	of State's record	S.			
record specifies a he 90th day after	delayed effective the record is file	ve date, but no ed.	ot an effectiv	ve time, at 1	2:01 a.m. on	the earlier
. MAY 20		2015				
ed			f			
	/	X / /	· /			
	/	of a member or aut)		***

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Filing Fee: \$25.00