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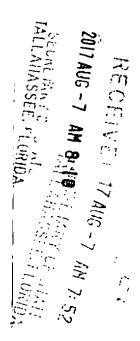
(Requestor's Name)
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(Document Number)
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AUG 0 8 2017 J SHIVERS

COVER LETTER

O: Registration Sect Division of Corpo			
UBJECT:	JCoerr Name of Imm	er JNUCSTMA ited Liability Company	ents LLC
'he enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
lease return all correspond	lence concerning this matter	to the following:	
	JOHN	COCTPCT Name of Person	····
		GER INJEST 12	MENT LLC
		DAY Lily F	
		EUND /= L City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ol. com
or further information con	cerning this matter, please ca	all:	
Name of F	<u>Joer per</u>	at (<u>467</u>) <u>373</u> Area Code Daytime	- 3/≥ / Telephone Number
inclosed is a check 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 Coerper	NUCOT MENTS L-L	-C
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 3.36.17	and assigned
Florida document numberL0500002888.		
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:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		er the name of the n
registered agent and/or the new registered office address her	<u>e</u> :	76.7
		45
Name of New Registered Agent:		- 10 A C
New Registered Office Address:		
	Enter Florida street address	H 7
	, Florida	<u> </u>
	City	∑ir Zip €bde
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		
iccept the obligations of my position as registered agent as _l		

If Changing Registered Agent, Signature of New Registered Agent

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.

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being addedor removed from our records</u>:

AGR =	Manager	
MBR =	Authorized	Member

<u> </u>	<u>Name</u>	Address	Type of Action
mar	LINDA M. Coerper	5792 DAYLILY PO SANFORD FL 32771	DZ Add
·		SANFORD FL	Remove
		32771	□ Change
			D Add
			Remove
			Change
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			□ Remove
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ctive date, if other than the date of filing: 8.3.20	A
reflective date, if other than the date of filing: 0 · 5 · 8 c	ng or more than 90 days after filing.) Pursuant to 60
te: If the date inserted in this block does not meet the applicable statutory	
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earl
he 90th day after the record is filed.	
~1 .	
ed 8.3.2017	
Signature of a member or authorized represen	ntative of a member
Signature of a member or authorized represen	ntative of a member

Page 3 of 3

Filing Fee: \$25.00