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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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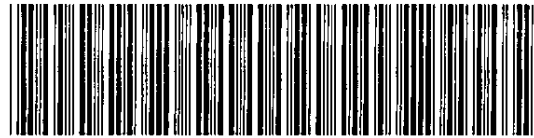
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

JUN 10 2008

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COOPER STREET LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**THOMAS W. FRANCHINO, ESQUIRE**  
(Name of Person)

**THOMAS W. FRANCHINO, P.A.**  
(Firm/Company)

**1250 NORTH TAMIAMI TRAIL, SUITE 106**  
(Address)

**NAPLES, FLORIDA 34102**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**THOMAS W. FRANCHINO, ESQUIRE** at ( **239** ) **263-8357**  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed 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

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2009 JUN -9 PM 12:25  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

COOPER STREET, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/01/2005 and assigned Florida document number L0500032066.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

**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:**

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TALLAHASSEE FLORIDA

Name of New Registered Agent: THOMAS W. FRANCHINO, ESQUIRE, THOMAS W. FRANCHINO, P.A.

New Registered Office Address: 1250 NORTH TAMIAMI TRAIL, SUITE 106  
(Enter Florida street address)

NAPLES, Florida 34102  
(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 608, 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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TRINITY MANAGEMENT, <sup>LLC</sup>	PO BOX 511715 PUNTA GORDA, FL 33951-1715	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARK BATES	1613 CHINABERRY WAY NAPLES, FL 34105 MGRM	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RANDY JOHNS	2960 A IMMOKALLE ROAD NAPLES, FL 34110 MGRM	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BRIAN HOWELL	2960 A IMMOKALLE ROAD NAPLES, FL 34110 MGRM	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PRINCIPAL OFFICE: 2960 A. IMMOKALEE ROAD, NAPLES, FL 34110

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 5/12, 08

  
Signature of a member or authorized representative of a member

RANDY JOHNS  
Typed or printed name of signee

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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