Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 : (323)962-3889 Fax Number

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

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		_

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMEE COHEN AND ASSOCIATES LLC

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COVER LETTER

TO: Registration	n Section Corporations			<i>₹</i>
	COHEN AND ASSOCIATES LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles	s of Amendment and fee(s) are subm	nitted for filing.		
Please return all com-	espondence concerning this matter to	the following:		
	Cheyenne Moseley			
		Name of Person		•••• <u>•</u> •
	Legalzoom.com, Inc.			, ** , **
	 	Firm/Company		
	101 N Brand Blvd 11th Fl			• •
		Address		.*
	Glendale, CA 91203			
		City/State and Zip Code		
	accounts@acandassociates.c			
	E-mail address: (to	o be used for future annual report notif	lication)	
For further informat	ion concerning this matter, please ca	H:		
Cheyenne Moscley		800 773-0888 at ()	70 L L L L L L L L L L L L L L L L L L L	
N	une of Person	Area Code Daylim	e Telephone Number	
Enclosed is a check	for the following amount:	•		
□ \$25.00 Filing F	ee \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, EL 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**

(Name of the Limited Liability Company as it now appears on out (A Florida Limited Liability Company) ne Articles of Organization for this Limited Liability Company were filed on 02/22/200 orida document number L0700002075!	
ne Articles of Organization for this Limited Liability Company were filed on 02/22/200 orida document number L07000020751	o7 and assigned
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	• • • • • • • • • • • • • • • • • • • •
Principal office address MUST BE A STREET ADDRESS)	
	•
nter new mailing address, if applicable:	•
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
I. If amending the registered agent and/or registered office address on our egistered agent and/or the new registered office address here:	records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address: Enter Florida str.	eel address
	, Florida Zip Code
City New Registered Agent's Signature, if changing Registered Agent:	zip Coue

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

AMBR = Authorized Member

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christian Katopodis	53 ASH DRIVE COOPER CITY, Florida 33026	
			☐ Remove
			Change
			D Add
			Remove
			☐ Change
			D Add
			Remove
			Change
			□ Add
			☐ Remove
			Change
			☐ Remove
			Change
			D Add
			☐ Remove

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	<u> </u>
Note: locui	tive date, if other than the date of filing: [Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
)ate	November 30 2020
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00