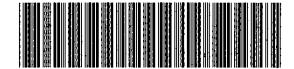
(Requestor's Name)
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JUL 23 2008
EXAMINER

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07/21/08--01007--002 **60.00

COVER LETTER

TO: Registration Section of Corp.		•		
SUBJECT: COOPE	R PROPERTIES O			•
•	(Name of Limi	ted Liability Company)		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Wonzetta Cooper		•	
		(Name of Person)	F.c.	~
	COOPER PROPERTIES	OF SO. FL, LLC	L A	1009 JUL 21
		(Firm/Company)	HASS	=
	6471 Main St. #1-107		SEE.	(7
		(Address)	FES	~ C
	Miami Lakes, FI 33014		JAITE JAID/	1: 42
		(City/State and Zip Code)		
For further information con	ncerning this matter, please ca	ali:		
Wonzetta Cooper		at (305) 753-4686		
(Name of Person) (Area Code & Daytime Telephone Number		elephone 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 Sta Certified Copy (additional copy	itus &

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

· COOPER PROPERTIES OF	SO. FL, LLC	
(Name of the Limited Liabili (A Florida	ity Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	Company were filed on March 20,	2008 and assigned
Florida document number L08000028980	.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
		ZIDD SEC
		REI AHA
Enter new mailing address, if applicable:		55
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flo	rida street address)
<u> </u>		_, Florida
	(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 **Title Type of Action** <u>Name</u> <u>Address</u> MGRM Lorraine Lindsey-Green 14249 NW 18th Manor 7 Add Remove Pembroke Pines, FI 33028 ___ Add Remove _ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary:) **2**008⁄ Dated July 14 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00