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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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(Document Number)	
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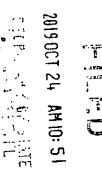
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COVER LETTER

TO:	Registration Se- Division of Cor		•	
euni	rer.	UTOPIAN SUPPORT SER	VICES LLC	
SUBJ	ECT:	Name of Limi	ited Liability Company	
The er	nclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		BAKEISHA P. COOPER		
		UTOPIAN SUPPORT SER	Name of Person VICES LLC	
		PO BOX 121307	Firm/Company	
		CLERMONT, FL 34712	Address	
		UTOPIANSUPPORTSVCS@	City/State and Zip Code DGMAIL.COM	
		E-mail address: (to be used for future annual report notific	ration)
For fu	irther information c	oncerning this matter, please ca	all:	
BAK	EISHA P COOPEI	२	352 874-4389	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ S:	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

(Name of the Limited Liabili	ty Company as it now appears on our records.) a Limited Liability Company)	
(A Florida	a Limited Etability Company)	
	Company were filed on 8/3/2009	and assigned
Florida document number L09000074391	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
• • • • • • • • • • • • • • • • • • •		20
Enter new principal offices address, if applicable:		9
(Principal office address MUST BE A STREET ADDI	RESS)	
		7
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		S S
		iter the name of the new
registered agent and/or the new registered office add	lress here:	
Name of New Registered Agent:		<u> </u>
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" on the new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS! Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		
	Florid	a
	Florid	a Zîp 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 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

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

MGR = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SAMUEL R. COOPER	590 ROB ROY DR CLERMONT FL 34711	_ Add
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			□ Change
		Add	
	 	Remove	
		Change	
			☐ Remove
			□ Change

If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
_	
_	
an effec <u>lote:</u> If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of 0th day after the record is filed.
ated	10/15/19
	Signature of a momber or authorized representative of a member
	BAKEISHA P COOPER Typed or printed name of signee

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Filing Fee: \$25.00