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COVER LETTER

· TO:

Tallahassee, FL 32314

	Registration Se Division of Cor				
CUD IEC	~	bus Kwavnick Peets, PLC			
SUBJEC	·1:	Name of Limit	ed Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please ret	turn all correspo	ondence concerning this matter t	o the following:		
		David Cooney			
		1	Name of Person		
		Cooney Trybus Law PLC			
			Firm/Company		
		1600 West Commercial Boo	ilevard Suite 200		
			Address		
		Ft. Lauderdale, FL 33309			
			City/State and Zip Code		
	dcooney@cooneytrybus.com E-mail address: (to be used for future annual report notification)				
For furthe	er information c	concerning this matter, please ca		(Cation)	
Tracy He	ess, Firm Admin	nistator for Cooney Trybus Law	,	thess@cooneytrybus.com	
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed	is a check for the	he following amount:			
□ \$25.0	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 Addres		Street Address:	ation.	
	Registration : Division of C		Registration Sec Division of Cor		
	P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Cooney Trybus Kwavnick Peets PLC	2022 00- 0-
Cooney Trybus Kwavnick Peets PLC (Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	,,
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L09000115276</u>	12/03/2009 SF STATE and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	y here:
Cooney Trybus Law PLC	
The new name must be distinguishable and contain the words "Limited Liability Company," t	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	

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:

New Registered Office Address:			
	Enter Florida street address		
		, Florida	
-	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Name of New 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 =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐Change
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		,	□Remove
			□Change

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Note:	ive date, if other than the date of filing: [09/01/2023] [fective 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 nent's effective date on the Department of State's records.
rd is fi	
Dated	David Cooney
	100
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00



September 30, 2023

DAVID COONEY 1600 WEST COMMERICAL BOULEVARD SUITE 200 FORT LAUDERDALE, FL 33309

SUBJECT: COONEY, TRYBUS, KWAVNICK, PEETS, PLC

Ref. Number: L09000115276

We have received your document for COONEY, TRYBUS, KWAVNICK, PEETS, PLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 323A00022613

Anissa Butler Regulatory Specialist II