

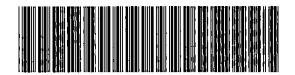
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G. MCLEOD

JUN 25 2010

EXAMINER



400182452704

06/24/10--01005--008 **25.00

10 JUN 24 PM 2: 03
SECRETARY OF STATE

COVER LETTER

	Régistration Section Division of Corporations						
SUBJECT	r: Guy Richards Copa LLC Name of Limited Liability Company						
The enclos	sed Articles of Amendment and fee(s) are submitted for filing.						
Please retu	urn all correspondence concerning this matter to the following:						
	Deborah Marino Name of Person						
Name of Person							
Guy Richards Copa LLC Firm/Company L 1 00000 20715							
Firm/Company L 1 00000 207/5							
	8210 Lantana Rel						
	Address						
Lake Worth FL 33467 City/State and Zip Code							
	E-mail address: (to be used for future annual report notification)						
For further	r information concerning this matter, please call:						
	Coy Richards at (S61) 214-2589 Name of Person Area Code & Daytime Telephone Number						
Enclosed i	s a check for the following amount:						
•	Filing Fee \$\bigcup \\$30.00 \text{ Filing Fee & }\bigcup \\$55.00 \text{ Filing Fee & }\bigcup \\$60.00 \text{ Filing Fee, }\bigcup \\$Certificate of Status & \bigcup \\$Certified Copy & Certificate of Status & \bigcup \\$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 **ARTICLES OF ORGANIZATION OF**

Guy	Richards	Copa	LLC	
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it n ida Limited Liability C	ow appears on ou Company)	r records.)	
The Articles of Organization for this Limited Liability		ed on	129/10	_ and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the	limited liability con	pany here:		
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liabi	lity Company," the	e designation "LLC	or the abbrev
Enter new principal offices address, if applicable:	***		·····	
Principal office address MUST BE A STREET AL	ODRESS)			-
Enter new mailing address, if applicable:			LLAHASS	10 JUN 24
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		ຸ້າ ເ	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office adduddress here:	ress on our rec	ords, enter the	03
Name of New Registered Agent:	Guy	Richards Frand La		
New Registered Office Address:	6400 6		CUNA ida street addres	
	Lake Word			
New Registered Agent's Signature, if changing Regist	•			Zip Code
hereby accept the appointment as registered age	ent and agree to act	in this capacity.	I further agree	to comply wi

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 Charging Registered Agent, Signature of New Registered Agent

Page 1 of

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>Address</u> Type of Action **Title** <u>Name</u> Deborah Marino MGR ☐ Add ☐ Remove ∏ Add Remove Add Remove ∏Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) nature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00