

L110000008318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

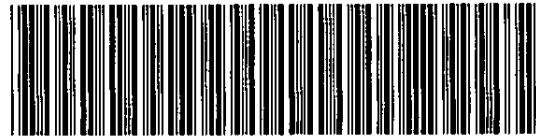
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

JAN 24 2013
D. BRUCE

NO \$1



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2013

JEFF STEPP
8601 NW 47TH DRIVE
CORAL SPRINGS, FL 33067

SUBJECT: COPPERPORT CONSULTING LLC
Ref. Number: L11000008318

We have received your document for COPPERPORT CONSULTING LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$55.00.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 413A00000218

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TALLAHASSEE FLORIDA

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Deborah,

Thanks for your help on this. As we discussed, if you could please date this transaction 12/31/12 it would be greatly appreciated. Thanks again!

Jeff Stepp



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2013

JEFF STEPP
8601 NW 47TH DRIVE
CORAL SPRINGS, FL 33067

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Deborah Bruce
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Letter Number: 413A00000218

12/31/12

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TALLAHASSEE FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Copperport Consulting, LLC**
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeff Stepp

Name of Person

Copperport Consulting, LLC

Firm/Company

8601 NW 47th Drive

Address

Coral Springs, FL 33067

City/State and Zip Code

jcstepp@copperport.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Stepp

Name of Person

at (**954**) **575-4754**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE FLORIDA

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

Copperport Consulting, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/20/2011 and assigned
Florida document number L11000008318.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jeff Turk	434 Latimer Lane	<input checked="" type="checkbox"/> Add
		Fort Mill, SC 29715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
MELANIE SEEFLING

2013 JAN 23 PM 3: 58

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Add
Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Dec 18th, 2017.


Signature of a member or authorized representative of a member

J. H. Stepp
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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