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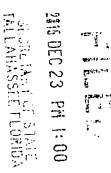
(Requestor	s Name)
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DEC 28 2015 J. HARRIS

COVER LETTER

Division of Cor	orporations	
SUBJECT: Cooper Re	ental Apartments, LLC	
	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all correspo	pondence concerning this matter to the following:	
	Erica L. DeSanti, Esq.	
	Name of Person	-
	Straley & Otto, P.A.	
	Firm/Company	-
	2699 Stirling Road, Suite C-207	
	Address	-
	Fort Lauderdale, FL 33312	
	City/State and Zip Code	-
	ELD@straleyottopa.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Amy Froman	954 962-7367 at ()	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for the	the following amount:	
\$25.00 Filing Fee	(additional copy is enclosed) Certified	ate of Status &

MAILING ADDRESS:

Registration Section

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 Rental Apartments, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our reco la Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability (Company were filed on 3/28/11	and assigned
Florida document number L11000037440	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Cooper Enterprises, LLC		
The new name must be distinguishable and contain the words "Liu	mited Liability Company," the designation "L	r\D
Enter new principal offices address, if applicable:		THE COURT SERVICE
(Principal office address MUST BE A STREET ADD	RESS)	A STORY AND A STOR
		ST N PARTY
		mo m
Enter new mailing address, if applicable:		FLORAGE PAR 1 00
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		rds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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 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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
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an effect	e date, if other than tive date is listed, the date	must be specific an	d cannot be prior to d) Pursuant to	
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recor	rd specifies a dela Oth day after the i	yed effective record is filed	date, but not a	n effective time,	at 12:01 a.m.	on the e	arlier
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ated _	xcember	22	, 2015	,			frei Gara
	December					ALC:	
		Signature of a	member or authorize	ed representative of a m	iember	- 20 50	340
	David Cooper					HASSEE	23
			Typed or printed n	ame of signee		<u> </u>	
			>1 b	unit of bighter			

Filing Fee: \$25.00