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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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Certified Copies Certificates of Status	_
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COVER LETTER

TO:

Registration Section

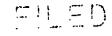
Tallahassee, FL 32314

orporations		_
Enterprises, LLC		;
Name of Lim	ited Liability Company	
f Amendment and fec(s) are sub	mitted for filing	
ondence concerning this matter	to the following:	
David Cooper		
	Name of Person	
Cooper Rental Apa	rtments, LLC	
	Firm/Company	
3527 NE 168th St -	Apt 404	
	Address	
North Miami Beach		
	City State and Zip Code	
		ication)
of Person	:i!	e Telephone Number
the following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Street Address:	sion
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27	The Centre of T	· ·
	Enterprises, LLC Name of Lim f Amendment and fee(s) are sub- condence concerning this matter David Cooper Cooper Rental Apa 3527 NE 168th St - North Miami Beach DavidBCooper@cc E-mail address: 0 concerning this matter, please ca of Person the following amount: \$\sum_\$	Amendment and fee(s) are submitted for filing condence concerning this matter to the following: David Cooper

2415 N. Monroe Street, Suite 810

Tattahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Cooper Enterprises, LLC		gh.T
(Name of the Limited Limb) (A Florid	lity Company as it now appears on our recor la Limited Liability Company)	<u>(ds.)</u>
he Articles of Organization for this Limited Liability	Company were filed on04/01/11	and assigned
orida document number £11000037440		
his amendment is submitted to amend the following.		
. If amending name, enter the new name of the lir	nited liability company here:	
Cooper Rental Apartments, LLC		
ne new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "Lt.	C" or the abbreviation "L.L.C"
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	ORESS)	
nter new mailing address, if applicable:		
tailing address MAY BE A POST OFFICE BON)		
. If amending the registered agent and/or register	and affine address on our records, onto	er the name of the new registe
. It amending the registered agent and/or register gent and <u>/or the new registered office address here</u>		the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office / Ridies.	Enter Florida street addi	TWY
	F	florida
		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 limital linkility 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>	<u>Address</u>	Type of Action
			□Remove
			Change
			Z Add
			□Remove
			□Remove
			Change
			□ □ Add
			<u>C</u> Remove
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<u>ote:</u> ocum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fistent's effective date on the Department of State's records.	:u·
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	ir c
ated	08/08/22	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00