L110000086625

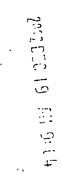
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Section Division of Corporation			· ·
SUBJEC	KOPERU LLO	•		*
SUBJEC		Name of Lim	ited Liability Company	
		nendment and fee(s) are sub	5	
	,	•	Som Som Son Name of Person	~ -
			Name of Person	
			UC Firm/Company	
			Firm/Company	•
		1575 Pine	Ridge Rd Unit	9
				•
		140-5103	City/State and Zin Code	.
		Sombun, So	City/State and Zip Code Titon @ Yahoo. Con	1
	_	E-mail address: (t	to be used for future annual report notific	cation)
For furth	er information conc	erning this matter, please ca	all:	
So	iifon So	mbon	at (239) 451- Area Code Daytime	9399
	Name of Pe	rson	Area Code Daytime	Telephone Number
Enclosed	l is a check for the f	ollowing amount:		
■ \$25.	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 Address:	at	Street Address:	
	Registration Sec Division of Corp		Registration Sect Division of Corporate	
	P.O. Box 6327	, or actions	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOPERU LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L11000086625	Company were filed on 7/28/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
		20
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		ii.
Mailing address MAY BE A POST OFFICE BOX)	-	-
and the first bearing and the first bearing		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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.

	re 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
MGR	Paul Adrianzen	1320 Mariposa Circle	□Add
		Unit 103	≣ Remove
		Naples FL 341054	□Change
			□Add
			☐ Remove
			```Add
			□Remove
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
		<del></del>	□Remove
			Change

	2022 
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an effect Note: If	e date, if other than the date of filing:  (optional)  tive 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 605.00 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	11/29/22
	Signature of a member or authorized representative of a member