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Division of Corporations

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Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

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 $\star\star$ Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GH COOPER FAMILY HOLDINGS LLC

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T. LEMIEUX DEC 0 1 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company Florida document number L11000101223	were filed on 09/02/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abhreviation "L.I. C."
Enter new principal offices address, if applicable:	-	- VI-VII-US (A2.5.
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
SECTION THE BUND		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	idress on our records, enter the	name of the new registered
		•
Name of New Registered Agent:		•
New Registered Office Address:		
	Enter Florida street address	
	, Florida	- 12:
	City , Florida	- Zip Code 3

## 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Cooper, George H	P.O. BOX 760	
		BELLE GLADE, FL 33430	
MGR	M Cooper Family Holdings, LLC	1006 S Main Street	□Change
		1000 5 islatii Sueet	<b>=</b> Add
		Belle Glade, FL, 33430	ORemove
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T	he 90th day after the
ated November 30th 2023	1 00.	
Signsture of a temporary or authorized representative of a member	2023	

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