212000041268

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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
SEP 18 2012
EXAMINER

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2012

CHRIS COOPER 649 TRIUMPH CT. ORLANDO, FL 32805

SUBJECT: COOPER MANAGEMENT CONSULTING, LLC

Ref. Number: L12000041268

We have received your document for COOPER MANAGEMENT CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P12000038075.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 412A00019611

COVER LETTER

Division	of Corporations		
SUBJECT:	Cooper Manage	ement Consulting, LLC	
		ited Liability Company	
The enclosed Art	icles of Amendment and fee(s) are sul	bmitted for filing.	
Please return all o	correspondence concerning this matter	r to the following:	
		Chris Cooper	
		Name of Person	NO SECTION OF THE PROPERTY OF
	Coope	er Service Consulting, LLC	202
		Firm/Company	
		P.O. Box 780971	
		Address	10 10
	. 0	rlando, FL 32878-0971	»*
		City/State and Zip Code	
	CCC	opconsulting@aol.com (to be used for future annual report notifice	Al
For further inform	nation concerning this matter, please	-	nion)
	·	,	
	Chris Cooper	a. (77-0986
	Name of Person	Area Code & Daytime	elephone Number
		•	
Enclosed is a che	ck for the following amount:		
\$25.00 Filing	Fee \$\sum \frac{1}{3}30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &
CHECK 30	02	(additional copy is enclosed)	Certified Copy
CASHED	7/24/12		(additional copy is enclosed)
COPY ENG	cuseo		
	MAILING ADDRESS:	STREET/COURIE	R ADDRESS:
Registration Section Division of Corporations		Registration Section	ione

P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cooper Manageme	nt Consulting, LLC	1)
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	<u>.</u>
The Articles of Organization for this Limited Liability Company Florida document numberL12000041268	were filed on March 26, 20	ond assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	pility company here:	
Cooper Service C	Consulting, LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designat	ion "LC" or the abbreviation
Enter new principal offices address, if applicable:	649 Triumph Ct	67
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32805	Si Y
Enter new mailing address, if applicable:	P.O. Box 780971	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32878-0971	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address: 649 Triump	ne: h Ct	
	Enter Florida stree	et adàress
	Orlando , Florio	
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
		-	Remove		
			Add		
			1		
•		· · · · · · · · · · · · · · · · · · ·	Refinove T		
			;⊳ C ————————————————————————————————————		
			Remove		
<u> </u>	•				
			_		
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets	, if necessary.)		
<u>:</u>		-			
		70 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
_	<u> </u>				
_					
Dated	September, 7				
_	Signature	f a member or authorized representative of a mem	har		
	Signature	Chris Cooper	oci		
		Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00