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## **COVER LETTER**

10:	Division of Corpo		<b>6</b> <sup>₹8</sup>					
CHIDIE	COPA	SAT.LLC						
SUBJECT: Name of Limited Liability Company								
The end	losed Articles of A	mendment and fee(s) are subn	nitted for filing.					
Please 1	eturn all correspond	dence concerning this matter to	o the following:					
		George L. Ha	ayes III, Esq.					
			Name of Person					
The Hayes Law Group P.A.								
			Firm/Company	· · · · · · · · · · · · · · · · · · ·				
		4701 Centra	l Avenue					
	•	<del></del>	Address	······································				
Saint Petersburg, FL.33710								
		0	City/State and Zip Code	·				
			TheHayesLawGoup.co					
For furt	her information cor	ncerning this matter, please cal	•	,				
_		ayes III, Esq.		<b>126</b>				
	Name of F	· · · · · · · · · · · · · · · · · · ·	at (727) 381-90	Telephone Number				
			·	•				
Enclose	d is a check for the	following 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:

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

COPASAT, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on April 23, 2014  Florida document number L14000066733	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
CopaSAT,LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	_
B. If amending the registered agent and/or registered office address on our records, enterested agent and/or the new registered office address here:	er the name of the n
	Trees .
Name of New Registered Agent:	
New Registered Office Address:	E 6
Enter Florida street address	Grand City
, Florida	
City	Zip Code
	- 통고 <sup></sup>
New Registered Agent's Signature, if changing Registered Agent:	Copp. 71

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If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Type of	Action
Member	COPASAT, SA	4701 Central Avenue	I
		Saint Petersburg, FL. 33710 ■ Rem	nove
Member	Obie J.E. Johnson	4701 Central Avenue	
<del></del>		Saint Petersburg, FL. 33710	
Member	Eric Guerrazzi	4701 Central Avenue ■ Add	1
		Saint Petersburg, FL. 33710	ove
Member	John Christopher Sperandio	4701 Central Avenue ■ Add	
		Saint Petersburg, FL. 33710	ove
		G G G G G G G G G G G G G G G G G G G	ू <sup>*</sup> सं
		—————————————————————————————————————	: ove
		Add	
		Remo	ve

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article VIII is hereby amended so as to delete any reference to COPASAT, SA being a member. It is not now, and never was, a Member and any inconsistent references are hereby deleted and amended. The initial Members of the Company are

Obie J.E. Johnson, Eric Guerazzi and Christopher Sperandio whose addresses are 4701 Central Avenue, Saint Petersburg, FL. 33710

E. Effective date, if other than the date of filing: August 6, 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 31

/ / 2014

Signature of a member or authorized representative of a member

Obie J/.ᡛ. Johnson, Manager

Typed or printed name of signee

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Filing Fee: \$25.00