## L140000666737

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## **COVER LETTER**

	gistration Sec vision of Corp			
SUBJECT:	COPASAT,	LLC		
JOBSECT.		Name of Limi	ted Liability Company	26
The enclosed	d Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		George L. Hayes III, Esqui	ге	
			Name of Person	
		The Hayes Law Group, P.A	۸.	
			Firm/Company	
		4701 Central Ave., Suite A		
			Address	
		St. Petersburg, FL 33713		
			City/State and Zip Code	<del></del>
		george.hayes@thehayeslawj	=	
		E-mail address: (t	o be used for future annual report notifi	cation)
For further i	nformation co	ncerning this matter, please ca	dli:	
George L. H	layes III		727 381-9026	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00 1	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 Comp (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number L14000066733	y were filed on 04/23/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		7
		0 m
Enter new mailing address, if applicable:		- P D
Mailing address MAY BE A POST OFFICE BOX)		, ō
Maning unures MAT DE AT OST OFFICE BOXY		2 2
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he		ds, enter the name of the ne
Name of New Registered Agent:		
Name Basistand Office Address.		
New Registered Office Address:	Enter Florida street addi	ess
	ī	Florida
	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.

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>	Address	Type of Action
MGR	Scott M. Bohnsack	11200 Dr. Martin Luther King Jr. N	<b>■</b> Add
		St. Petersburg, FL 33716	☐ Remove
			Change
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Effective date, if other than th	e date of filli	ng:	prior to date	of filing or mo	re than 90 days	optiona after filir	ij) ig.) Pursu	ant to 60	5.020
<b>Note:</b> If the date inserted in this bedocument's effective date on the I	lock does not Department of	State's rec	ords.	tutory ming	requirement	s, this da	te will no	H De IIS	teu a:
ne record specifies a delaye The 90th day after the re			t not an e	ffective ti	me, at 12:	01 a.m	ı. on th	e earli	ier o
December 18 Dated		2017							
	<del></del>	· - <del></del>			att.				_

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Typed or printed name of signee

Filing Fee: \$25.00