U15000074979

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Otypodato/Zipii Nolle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octanica coopies Continuates of Status
Special Instructions to Filing Officer:

Office Use Only



100287336491

07/22/16--01006--020 **25.00

SECRETARY OF STATE TALLAHASSEE, I LORIO,

JUL 2 5 2016 S. YOUNG

COVER LETTER

TO:		ation Section 1 of Corporations	
SUBJEC	Coop	oper Judgment Recovery LLC	
SOBJEC		Name of Limited Liability Company	
	•	icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following:	
		Chris Cooper	
		Name of Person	
		Cooper Judgment Recovery, LLC	
		Firm/Company	
		P.O. Box 781181	
		Address	SECTI TALL
		Orlando, FL 32878	JUL 22
		City/State and Zip Code chris@cooperrecovery.com	SEE SEE
		E-mail address: (to be used for future annual report notification)	PH 3:
For furth	er inform	nation concerning this matter, please call:	108 STE
Chris Co	ooper	407 282-4987 at ()	ĺ
	ì	Name of Person Area Code Daytime Telephone Number	
Enclosed	d is a check	ck for the following amount:	
\$25.0	00 Filing I	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &

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

Cooper Judgment Recovery, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 04/20/2015	and assigned
Florida document number L15000074979	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-100
(Principal office address MUST BE A STREET ADDI	RESS)	6 FG
		<u> </u>
		22 SSET
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX)		الراز و
		<u>ප</u> ි
B. If amending the registered agent and/or registered agent and/or the new registered office add	·	ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Ciţv	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>	<u>Address</u>	Type of Action
AMBR	Chris J. Cooper	3030 N Rocky Point Drive	, □ Add
		STE 150A	■ Remove
		Tampa, FL 33607	Change
AMBR	Chris L. Cooper	P.O. Box 781181	Add
		Orlando, FL 32878	■ Remove
		•••	Change
MGR	Chris Cooper	P.O. Box 781181	= Add
		Orlando, FL 32878	Remove S. C.R.C. A. C.
			22 PART 3: PROPERTY OF STATE O
			☐ Change
			Add
		<u>•</u>	□ Remove
			☐ Change
			· Remove
			□ Change

<u></u>	_		
, , , , , , , , , , , , , , , , , , , ,			
			
			16 L
			JUL 22
			<u>ಭ</u> 08
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Note: If the date inserted in the	the date of filing:  must be specific and cannot be prior to select the applicate Department of State's records.	to date of filing or more than 90 da able statutory filing requiremen	(optional) /s after filing.) Pursuant to 605.0207 ts, this date will not be listed as
he record specifies a dela The 90th day after the	yed effective date, but not record is filed.	t an effective time, at 12	:01 a.m. on the earlier of
Dated July 19	2016	_·	
	Phin Ca		
	Signature of a member or autho	rised representative of a member	<del></del>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00