

L15000074979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

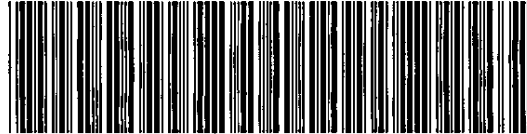
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 22 PM 3:08

JUL 25 2016
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cooper Judgment Recovery LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Cooper

Name of Person

Cooper Judgment Recovery, LLC

Firm/Company

P.O. Box 781181

Address

Orlando, FL 32878

City/State and Zip Code

chris@cooperrecovery.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Cooper

407 282-4987

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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

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Page 1 of 3

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>	<u>Type of Action</u>
AMBR	Chris J. Cooper	3030 N Rocky Point Drive	<input type="checkbox"/> Add
		STE 150A	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33607	<input type="checkbox"/> Change
AMBR	Chris L. Cooper	P.O. Box 781181	<input type="checkbox"/> Add
		Orlando, FL 32878	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chris Cooper	P.O. Box 781181	<input checked="" type="checkbox"/> Add
		Orlando, FL 32878	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

16 JUL 22 11:11

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 the record is filed.

Dated July 19, 2016

Chris Co.

Signature of a member or authorized representative of a member

Chris Cooper

Typed or printed name of signee