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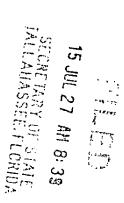
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Certified Copies	_ Certificates	of Status
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Special Instructions to I	Filing Officer:	
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Office Use Only



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JUL 28 2015 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporation	gtions	1	÷ • •	
SUBJECT:	DOEE L Name of Limi	ted Liability Company		
The enclosed Articles of Amo	endment and fee(s) are subr	nitted for filing.		
Please return all corresponde	nce concerning this matter t	o the following:		
	BEN GA	LLAHER Name of Person		
-	Coo	EE LL C		
-	543 S	OSPREY Address	AVE	
	SARASOT	A FL	34236	
_	SARASOT begallaher E-mail address: (t	a gmail.co	report notification)	
For further information conce	erning this matter, please ca	11:		
BEN GAL	Son	at (<u>94 J</u> Area Code	685 Z3 Daytime Telepho	2 48 one Number
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en-		\$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

COOEE	LLC
(Name of the Limited L. (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil florida document number	
his amendment is submitted to amend the following	ng:
a. If amending name, enter the new name of the	limited liability company here:
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::
Principal office address MUST BE A STREET A	DDRESS)
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	X)
	_
	≥ ₀
	registered office address on our records, enter the name of the
egistered agent and/or the new registered office	address here:
	SS 27
Name of New Registered Agent:	
New Registered Office Address:	Co & hand
TOW Registered of Not Places.	Enter Florida street address
_	, 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 **Title** Name **Type of Action Address** RANDALL I BRODSKY 3662 COUNTRY PLACE BUD Add SARASOTA FL 34233 Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

fective date, if other than the date of filing: (optional) ne 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 605.02 the date inspected in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed. Signature of a member or authorized representative of a member			······································						
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Filing Fee: \$25.00