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Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations	6 6 6 6 6 1 1 1 1 1 1 1 1 1 1	
SUBJE	Cooley Real	Estate and Enterprise Solution	ns	
SUBJI		Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		Steven Cooley		
			Name of Person	
		Cooley Real Estate and Ent	terprise Solutions	
			Firm/Company	
		6133 Whimbrelwood Dr.		
			Address	
		Lithia FL 33547		
		stevecooley1211@gmail.co	City/State and Zip Code	
		• = =	to be used for future annual report no	tification)
For fu	ther information co	oncerning this matter, please ca	all:	
Stever	Cooley		813 476-2070 at ()	
	Name of	f Person		me Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 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)

25 - 24

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

Cooley Real Estate and Enterprise Solutions (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 31 Aug 2015 and assigned Florida document number $\frac{L15000150237}{L15000150237}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Monaco Realty International LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1112 Channelside Dr. Enter new principal offices address, if applicable: Suite CU3 - 505 (Principal office address MUST BE A STREET ADDRESS) Tampa, FL 33602 6133 Whimbrelwood Dr Enter new mailing address, if applicable: Lithia, FL 33596 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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	Ashley Cooley	6133 Whimbrelwood Dr.	
		Lithia FL, 33547	Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change

Change Principle Address and	take Ashley Cooley off as a member.		
		<u>-</u>	
	-		
			
tive date, if other than the	date of filing: be specific and cannot be prior to date of filing	or more than 90 days after	onal)
If the date inserted in this bloom	ock does not meet the applicable statutory	filing requirements, this	date will not be lis
ment's effective date on the De	partment of State's records.		(F) 3
			OC)
ecord specifies a delayed e 90th day after the rec	effective date, but not an effection of the filed.	ve time, at 12:01 a	SO ACT COT
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26 Oct 2015	2015		FLOU FLOU FLOU FLOU FLOU FLOU FLOU FLOU
		11	: 5
	an	mly	Dr.
	Signature of a member or authorized represent		

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Filing Fee: \$25.00