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COVER LETTER

Division of C				
OF UNITED TO COTT.	polis LLC			
Name of Limited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	Joan Miccolis			
	**************************************	Name of Person		
	Miccoopolis LLC			
		Firm/Company		
	10148 Whisper Pointe Dr.			
		Address		
	Tampa, FL 33647			
		City/State and Zip Code	**	
	miccoopolis@gmail.com			
		to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	ali:		
Robert Cooper		516 445-5981		
Namo	e of Person		Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Miccoopolis LLC			
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)	
The Articles of Organization for this Limited I	Liability Company were filed o	on October 21, 2015 and ass	igned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compa	ny here:	
The 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 appli	cable:	* . NJ	
Principal office address MUST BE A STRE	ET ADDRESS)	75	776
		A P	П
Enter new mailing address, if applicable:		ָ שַׁ הַּ	_
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	98 1: 5	
		DA 58	
3. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		ss on our records, enter the name	<u>of th</u>
	10148 Whisper Pointe Dr.		
New Registered Office Address:		er Florida street address	
	Tampa	, Florida 33647	
	City	, r iorida 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.

7. hanging 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>	Name	Address	Type of Action
AMBR	Christine Wilson	17882 Arbor Greene Dr.	■ Add
		Tampa, FL 33647	☐ Remove
			□ Change
AMBR	Richard Wilson	17882 Arbor Greene Dr.	Add
		Tampa, FL 33647	□ Remove
			Change
			Add
		A	□ Remove
		4	☐ Change
	- A		□ Add
		-	☐ Remove
			☐ Change
			□ Add
			Remove Change Addition
			Remove

List of Authorized Membe	rs and share of LLC ownership:	
Anne-Marie Cooper - 1/6t	owner anc	
Robert Cooper - 1/6th owr	er LC	
Joan Miccolis - 1/6th own	T. Am	
Charles Miccolis - 1/6th or	vner ()	
Christine Wilson - 1/6th or	vner ///	
Richard Wilson - 1/6th ow	ner MM//	
		
		
 		
-th-Order of the Control of the Cont		
ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this ocument's effective date on the	nust be specific and cannot be prior to date of filing or mo block does not meet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 605.0207 requirements, this date will not be listed as
e record specifies a delay The 90th day after the re	ed effective date, but not an effective tiecord is filed.	me, at 12:01 a.m. on the earlier o
June 7	2016	
Queman	Signature of a member or authorized representative of a member of authorized representative of a member of signee	of a member
)		of a member
Anne-M	Typed or frinted name of signee	
	·	
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Filing Fee: \$25.00