L16000025003

(Re	questor's Name))
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
		···- ,
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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21 HAY 28 PH 3: 44

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divi	ision of Corp	oorations		
	Matthew Co	oper LLC		
SUBJECT:	JBJECT:Name of Limited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	o the following:	
		Matt Cooper		
			Name of Person	
		Matthew Cooper, LLC		
			Firm/Company	
		2539 KNight Island Dr.		
			Address	
		Brandon, FL 33511		
	City/State and Zip Code			
		mcoop1414@gmail.com		· · · · · · · · · · · · · · · · · · ·
			o be used for future annual report not	(Heation)
For further i	nformation c	oncerning this matter, please ca	all:	
Matt Coope	r		813 957-7520 at ()	ne Telephone Number
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00		☐ \$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 radditional copy is enclosed)
	ailing Addres		<u>Street Address:</u> Registration S	ection
Registration Section		Division of Co		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Matthew Cooper, LLC

21 MAY 28 PM 3: 44

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	any were filed on mental and ment	and assigned
Florida document number L16000025003		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the new registe
agent and/or the new registered office and essential		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
		311 0 1

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 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		Address 21 MAY 28 PH 3: 44 Type of Action		
<u>Title</u>	<u>Name</u>	Address 21 HAY 28 PH 3: 41	Type of Action	
MGR	Nicole Perrelli	2539 Knight Island Dr., Brandon, FL 3351		
			□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	
			□Add	
			□Remove	
	-			
				
	·		□Add	
			Ukemove	

_ □Change

D. If amending any other informa	tion, enter change(s) here: (Attacl	h additional sheets. if necessary.)
		14.00 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		21 MAY 28 PH 3: 44
	5/29/2021	
E. Effective date, if other than the (If an effective date is listed, the date im Note: If the date inserted in this b document's effective date on the E	e date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(the utory filing requirements, this date will not be listed as the
If the record specifies a delayed effecti record is filed.	ve date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
Dated April 29th	2021	
The Cure-	Signature of a member or authorized rep	
	Signature of a member or authorized rep	presentative of a member
Matt Cooper		
	Typed or printed name of	of signee