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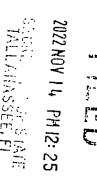
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1/29/2023

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Mathew J Cooper UC  Name of Limited Liability Company	
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:	
Matt Cooper Name of Person	
Mathew J Coupe, LLC Firm/Company	
2539 Knights Island Dr. Address	
Brandan, Pa 335/1 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Matt Cooper at (817) 957-7520  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
### \$25.00 Filing Fee \$\times\$ \$30.00 Filing Fee \$\times\$ \$Certificate of Status \$\times\$ Certified Copy (additional copy is enclosed) \$\times\$ \$60.00 Filing Fee \$\times\$ \$Certified Copy (additional copy is enclosed)	us &
Mailing Address:  Registration Section  Street Address:  Registration Section	

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FileD

Mathew	T Cooper	UC	2022 NOV 14 PM 12: 26
(Name of the Limited (A	Liability Company as it now Florida Limited Liability Con	appears on our recordingany)	2022 NOV 14 PM 12: 26  DEURE, HASSEE, FL
The Articles of Organization for this Limited Lial	oility Company were filed	on 2/2/16	and assigned
Florida document number <u>L/6<b>b</b></u> wo 2	T003.	,	
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	he limited liability comp	any here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company	"the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	le:		· <del>-</del>
(Principal office address MUST BE A STREET	ADDRESS)	<del></del>	
		<del> </del>	<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address		our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address			
Name of New Registered Agent:	Christoph.	e M. Do	piels  prida 3359L  Zip Code
New Registered Office Address:	1432 (	Cooked Stic	ek Dr.
	Valvios	Ti	rida 33596
	City	, ric	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Christopher Daniels	1432 Crooked Stick D.	^
		1432 Crowled Stek D. Valrico, FL 33596	□Remove
			□Change
	<del></del>		□Add
		<del></del>	□Remove
			□Change
	<del></del>		□Add
		<del> </del>	Remove
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			Remove
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		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change

ı amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	re date, if other than the date of filing:
record d is file	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 d.
Dated _	Nov. 4 <sup>44</sup> , 2622.  Signature of a member or authorized representative of a member
	Olla Com
	Signature of a member or authorized representative of a member
	Watt Cooper_ Typed or printed name of signee