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(Re	equestor's Name)	
(Ac	idress)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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D. SCOTT NOV 3 0 2016

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Aldridge 3 Laws	M LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Terni Sue 1	Aldridge Lawson Name of Person	
		Firm/Company	
	_1765 Copper	Field Circle Address	SEC
	.Tallahassee, r	9 32312	FILED AND AND AND SERVICE OF THE PROPERTY OF T
	+Salaridae Q	City/State and Zip Code OMU . COM to be used for future annual report notifi	FILED M G 07 RETARY OF STATE AND 30 M G 07 STATE AND 30 M G 07
For further information co	oncerning this matter, please ca	ıll:	107 2006
Terri Sue Ale Name of	ridge Lawson Person	at (<u>850</u>) <u>506</u> ^ Area Code Daytime	1284 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Aldridge & Lawson	M LLC
(A Florida Lir	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number \(\bullet \left \left(000 \left) \right) \(\frac{232}{32} \right) \).	pany were filed on <u>01.18,2016</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited COKUS & Tea - Tallahas: The new name must be distinguishable and contain the words "Limited"	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the new s here:
Name of New Registered Agent:	97 P
New Registered Office Address:	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			 ☐ Remove
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record speci The 90th day	ifies a delayed effer after the record i	ective date s filed.	e, but not	an effective	e time, at	I2:01 a.m.	on the earl	lier
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•	Terri Su	ture of a men	nbef or authori	zed representat	ve of a member	er	_	

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Filing Fee: \$25.00