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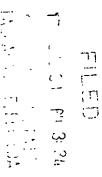
(Requ	uestor's Name)	
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

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D SCOTT AUG 3 2017

COVER LETTER

	ration Sec on of Corp				
SUBJECT: _	(OPPER C	ONYON LL (
		//	,, ,,		
The enclosed A	rticles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return al	l correspon	dence concerning this matter	to the following:		
		Dylan	Quintione Name of Person	·	
		Copper	Caryon L. L. C. Figh/Company		
		_///_W	Ovange Ave -	Ste 800	
		Orlando,	Florido 36 City/State and Zip Code	\$801	
		CCONYON/ E-mail/address: (Le De proj . Con		
For further info	rmation co	ncerning this matter, please ca	all:		
Pylan	Oulv Name of	tione Person	at (40.7) 30 Area Code Day	4-2702 time Telephone Number	
		e following amount:			
፩ \$25.00 Filii	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Sta Certified Copy (additional copy is er	clus &
	Registra Divisior P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Copper Carryon LL	<u>C</u>
// (Name of the Limited Liability Compar (A Florida Limited L.	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/6000/96422</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	111 N. Orange Hve Ste 800 Ovlando, Florida 32801
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	111 N. Orange Ave Ste 800 Orlands, Florida 32801
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address bere	
Name of New Registered Agent:	clan Quintilone
New Registered Office Address: /// /	V. Orange Ave 8 to 800 Enter Norida street address
Orlor	City, Florida 3230/
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or. if this document is
	, · · · · · · · · · · · · · · · · · · ·

Page 1 of 3

MGR = Manager AMBR = Authorized Member **Type of Action** Address **Title** Name □ Add ☐ Remove ☐ Change □ ∧dd ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove _____Change ري Add 🗖 □ Remove _□ Change = _□ Add ☐ Remove 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:

amending any other information, enter change(s) here: (Attac	H CAMBITOTAL SHEETS, IJ NECESSUTY.)
·	1
	ı
Tective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable state	thing or more than 90 days after thing.) Pursuant to 605.02
an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable state	thing or more than 90 days after thing.) Pursuant to 605.02
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