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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Se Division of Corp			
COOPER C			
SUBJECT:		ited Liability Company	<u></u>
	Amendment and fee(s) are sub	_	
	THAMARA PEREZ		
		Name of Person	
	TABADESA ASSOCIATI	ES INC	
		Firm/Company	<u> </u>
	419 W 49 ST STE 111		
		Address	
	HIALEAH, FL 33012		
		City/State and Zip Code	•
	TAMMYP@TABADESA.	COM to be used for future annual report notifi	action)
For further information co	oncerning this matter, please ca		sation)
THAMARA PEREZ		305 558-0622 at ()	
Name of	Person	Area Code Daytime	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)	□ \$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

COOPER ONE LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ied Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 05/31/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abl	previation "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		17 JUN-S AND SECRETARY OF STA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter a	are name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City , Florida	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

MARIA ALEJANDRA SUAREZ 919 WEST 39TH ST Add Remove Change	<u>Title</u>	<u>Name</u>	Address	Type of Action
MIAMI BEACH, FL 33140	MGR	MARIA ALEJANDRA SUAREZ	919 WEST 39TH ST	■ Add
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	f an effective da	ite is listed, the date mi	ist be specific ar	d cannot be pr	ior to date of	filing or mo	re than 90 days	after filing.)	Pursuant	to 605.020
Affective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	document's et	fective date on the	Department of	State's recor-	ds.	utory ming	requirements	i, tins date	will not b	e nated a
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.										
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Filing Fee: \$25.00