117000/72237

(Re	equestor's Name)	
(Ác	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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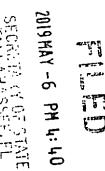


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Jours



COVER LETTER

TO:	Registration Se Division of Cor			•
SUBJE	Cooney Ho	mes LLC		
300,1		Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Adam Markowitz		
			Name of Person	
		Howard L Markowitz PA (TPA	
		1326 W North Blvd, Suite	Firm/Company	
			Address	
		Leesburg, FL 34748	, redució,	
		hlmpacpa@gmail.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report not	ification)
For fur	ther information c	oncerning this matter, please ca	all:	
Adam	Markowitz		352 787-9451 at ()	
	Name o	f Person		ne Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2.	5.00 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

Cooney Homes LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{1.17000172237}{1.17000172237}$.	ny were filed on 8/11/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		\$6 ZO
(Principal office address MUST BE A STREET ADDRESS)		9 HAY
Enter new mailing address, if applicable:		-6 PR U
(Mailing address MAY BE A POST OFFICE BOX)		TATE 0
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		nter the name of the
Manie of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address , Florid	a

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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lincoln Alexander	6928 Barby Lane Orlando, FL 32812	■ Add
			Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
		Remove	
	 	Change	
		Add	
		□ Remove	
		□ Change	
		Add	
		□ Remove	
		□ Change	
<u>.</u>			
			□ Remove
			□ Change

· · · · · · · · · · · · · · · · · · ·	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	
•	
•	
•	
	
(If an eff <u>Note:</u>	ive date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	MANY 2 - 2001
	Signature of a member or authorized representative of a member
	LINCOLM M. ALEXANDER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00