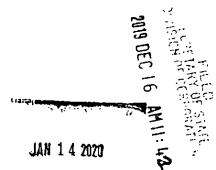
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	ation Section of Corpor			
	Coppenrat	th US, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Art	icles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all	corresponde	ence concerning this matter	to the following:	
		Claudio Riedi, Esq.		
			Name of Person	
		Lehtinen Schultz, PLL0	0	
			Firm/Company	·
		1111 Brickell Ave	nue, Suite 2200	
			Address	_
		Miami, Fl 33131		
			City/State and Zip Code	
	_	criedi@lehtinen-schultz	z.com to be used for future annual repor	notification)
For further inform	nation conc	erning this matter, please ca	•	
Clau	dio Riedi		at (305) 760-85	41
	Name of Pe	rson		sytime Telephone Number
Enclosed is a che	ck for the f	ollowing amount:		
☐		□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address:	tion	Street Addres Registration	
Division of Corporations			Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COPPERATH US, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ___11/20/2017 and assigned Florida document number _L17000239289 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Coppenrath US, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: EINTRAGSVERWALTUNG, LLC Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Miami

1111 Brickell Avenue, Suite 2200

Citv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed f	rom our records:		
MGR = Ma $AMBR = Au$	nnager thorized Member		
Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			🗀 Add
			□Remove
		-	□Change
			🗆 Add
			🗀 Remove
			□ Change
			🗆 Add
			□Remove
			Change
			□Add

_____ □Remove

Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
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•	
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•	
f an ei Note:	ive date, if other than the date of filing: [Coptional] [Coptional]
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
ated	Hed.
	Signature of a member or authorized representative of a member
	Claudio Riedi, Esq.

Page 3 of 3

Filing Fee: \$25.00