



(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Consisting	Cities Officers	
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Divisio	on of Corp	porations		
	СООРЕЯ	R'S PASTURE, LLC		
SUBJECT:		Name of Lim		
The enclosed A	rticles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all	l correspo	ndence concerning this matter	to the following:	
		Laurie Wills		
			Name of Person	
			Firm/Company	
		19222 NW 81st Terrac	e 	
			Address	
		Alachua, Florida 32	2615	
			City/State and Zip Code	
		łaudew7@gmaił.com		
		E-mail address: (to be used for future annual report no	tification)
For further info	rmation co	oncerning this matter, please ca	all:	
Laurie Wi	lls			66
-	Name of		Name of Person Firm/Company Terrace Address i da: 32615 City/State and Zip Code com dress: (to be used for future annual report notification) case call: at (
Enclosed is a ch	neck for th	ne following amount:		
■ \$25,00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	ig Addres stration S			ection
_		orporations		
P.O.	Box 632	7		
Talla	hassee, F	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COOPER'S PASTURE LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appea ited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp	oany were filed on	12/11/2017	and assigned
lorida document number			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited	liability company h	<u>ere</u> :	
he new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>		
	_		20 7
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inter new mailing address, if applicable:			F 11 S S S S S S S S S S S S S S S S S S
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Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
3. If amending the registered agent and/or registered off	liaa addeass an aur	records enter th	o name of the Bow regist
s. It amending the registered agent and/or registered on gent and/or the new registered office <u>address here</u> :	nce address on our	records, enter th	e trame or the-new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fle	orida street address	
		. Flori	ida
	City	, FIOTI	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>	Name	Address	Type of Action
AMBR	DEWEY WILLS	19222 NW 81st TERRACE	□ Add
		ALACHUA, FLORIDA 32615	=Remove
			□Change
			□Add
			Remove
			□ Change
			□Remove
			□Change
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ffective date, if other than t an effective date is listed, the date r	he date of filing:	annut be prior t	a date at filing as	noo: than 90 days	optional)	ant to 605 020
ote: If the date inserted in this	block does not me	eet the applica	ble statutory fili	ng requirements	, this date will no	ot be listed a
ocument's effective date on the	Department of So	ate s records.				
record specifies a delayed effec	tive date, but not a	an effective tir	ne at 12:01 a.m.	on the earlier o	of: (b) The 90th	day after the
l is filed.	tive date, but not a	iii directive tiii			(,	
TIME AL. 1		0004				
ated	·	2024 —-———	_·			
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	Signature of a m	Q. Quember or author		e of a member		

Filing Fee: \$25.00