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COVER LETTER

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SUBJEC	т: <u>Даи</u>	D P Coop Name of Limi	ited Liability Company	inn/Company Run Rol . Address State and Zip Code Hofmail Com . d for future annual report notification) at (609) 780 - 6918 Area Code Daytime Telephone Number 55.00 Filing Fee & Certificate of Status & Certificate of Status &
The enclo	sed Articles of A	mendment and fec(s) are sub-	mitted for filing.	
Please ret	urn all correspon	dence concerning this matter	to the following:	
SUBJECT: David Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: David Corpora Name of Person Firm Company 9857 Sandy Run Rod Address Tupita FL 33 4778 City/Nate and Zip Code Dental address: (to be used for fitture annual report notification) For further information concerning this matter, please call: David Cooper 12 10 4780 Name of Person Firm Company 1 4 409 780 - 6478 Daytime Telephone Number Enclosed is a check for the following amount: 1 525.00 Filing Fee Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate of Status & Certificate Copy				
			Fimi/Company	
		Sof Amendment and fee(s) are submitted for filing. Espondence concerning this matter to the following: David Lower		
		Tupiter		78
•		UCooper 923 E-mail address: (1	tited for filing. the following: Coopera Name of Person	
For furthe	er information cor			
Pa	vid Co Name of I	erson		
Enclosed	is a check for the	following amount:		
\$25.0	0 Filing Fee		Certified Copy	Certificate of Status &

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

	7-30-78 and assigned
Florida document number <u>L 18 00010737</u> 0	
This amendment is submitted to amend the following:	e following: me of the limited liability company here: In the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." pplicable: FREET ADDRESS) and/or registered office address on our records, enter the name of the new red office address here:
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	8 388
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	0 625
Enter now mailing address if applicables	- 10 MM
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10 NM 1: 24
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(Mailing address MAY BE A POST OFFICE BOX)	or records, enter the name of the ne
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on or	ir records, enter the name of the ne
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on or	ir records, enter the name of the ne
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on or	ir records, enter the name of the ne
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on or registered agent and/or the new registered office address here:	ir records, enter the name of the ne

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.

City

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 **Type of Action** <u>Title</u> Address <u>Name</u> MBR David Cooper 9857 Sandy Run Rol. DAdd
Tupiter FL 33478 Remove □ Change □ Add □ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change _□ Add _□ Remove

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Added MBR.		-
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rective date, if other than the date of filing: 1	or more than 90 days after filing.) Pursuant to 60	
record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earl	lier o
7-9-18		
ted 7-9-18 Signature of a member or authorized representa	this of a manhar	

Page 3 of 3

Filing Fee: \$25.00