## L19000132483

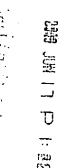
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## **COVER LETTER**

|                  | legistration S<br>Division of Co |   |   |  |  |  |  |
|------------------|----------------------------------|---|---|--|--|--|--|
| SUBJEC1          | Cooper No                        | eck Holdings LLC                          |   |  |  |  |  |
| 30BJEC           |                                  | Name of Limited Liability Company         |   |  |  |  |  |
| The enclos       | sed Articles of                  | Amendment and fee(s) are sub              | omitted for filing.   |  |  |  |  |
| Please retu      | ırn all correspo                 | ondence concerning this matter            | to the following:   |  |  |  |  |
|                  |                                  | Timothy L Donald                          |   |  |  |  |  |
|                  |                                  |   | Name of Person  |  |  |  |  |
|                  |                                  |   | Firm/Company  | <del></del>  |  |  |  |
|                  |                                  | 8520 Granpaw Ct                           |   |  |  |  |  |
|                  |                                  | Jacksonville FL 32220                     | Address   | <del></del>  |  |  |  |
|                  |                                  | cooperneckholdings@gmai                   | City/State and Zip Code   | <del></del>  |  |  |  |
|                  |                                  | E-mail address: (                         | to be used for future annual report notif                           | ication)   |  |  |  |
| For further      | information c                    | oncerning this matter, please c           | all:  |  |  |  |  |
| Timothy L        | _                                |   | 904 7427474<br>at ()  |  |  |  |  |
|                  | Name o                           | f Person                                  | Area Code Daytime   | Telephone Number   |  |  |  |
| Enclosed is      | a check for th                   | ne following amount:                      |   |  |  |  |  |
| <b>∄</b> \$25.00 | Filing Fee                       | S30.00 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 Neck Holdings 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 5/16/2019 and assigned . 1997 - 11 - 11 - 11 - 22 Florida document number L19000132483 This amendment is submitted to amend the following: Addition of Jane 1 Contract 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 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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> | <u>Name</u>      | Address                          | Type of Action |
|--------------|------------------|----------------------------------|----------------|
| MGR          | Timothy L Donald | 8520 Granpaw Ct. Jacksonville FL |                |
|              |                  | 32220                            |                |
|              |                  |                                  | Remove         |
|              |                  |                                  |                |
|              |                  |                                  | Change         |
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| Effective                     | date, if other thar   | the date of fil                           | ina  |                       | 4.                  |  |                                     |
| (If an effective Note: If the | ve date, if other than<br>we date is listed, the dat<br>he date inserted in the<br>'s effective date on t | e must be specific a<br>iis block does no | and cannot be price the application.         | icable statutory f    | r more than 90 days | p <b>tional)</b><br>after filing.) Pursuan<br>this date will not | t to 605,0207 (3<br>be listed as th |
| the record<br>The 90          | d specifies a dela<br>oth day after the   | ayed effective<br>record is filed         | e date, but n<br>d.                          | ot an effectiv        | e time, at 12:(     | 1 a.m. on the  | earlier of:                         |
| Dated                         | 6 Ju  |   | 2019   |                       |                     |  |                                     |
|                               | S. B.   | $\mathcal{L}(\mathcal{L}(\mathcal{L}))$   | 100  | C norized representat |                     |  |                                     |

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Typed or printed name of signee

Filing Fee: \$25.00