

L19000281541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

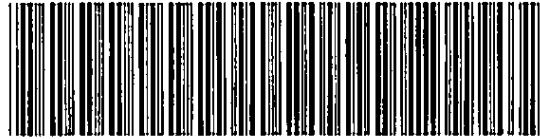
(Business Entity Name)

(Document Number)

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2023 Jan 13 AM 9:21  
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FALL RIVER, MA  
-FED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cooper One Professional Services LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mara Cooper

\_\_\_\_\_  
Name of Person

Cooper One Professional Services LLC

\_\_\_\_\_  
Firm/Company

791 Victory Garden Drive

\_\_\_\_\_  
Address

Tallahassee Florida 32301

\_\_\_\_\_  
City/State and Zip Code

cooperoneconsulting@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mara Cooper

850 8505596498  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 JUN 10 AM 9:21  
FILED  
TALLAHASSEE, FL  
STATE OF FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Cooper One Professional Services 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 11/12/2019 and assigned  
Florida document number L19000281541.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

NA

NA

NA

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

NA

NA

NA

**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:

NA

New Registered Office Address:

NA

*Enter Florida street address*

NA

, Florida NA

City

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.*

N/A  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Mara Cooper	791 Victory Garden Drive	<input type="checkbox"/> Add
		Tallahassee Florida	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Gary Cooper	791 Victory Garden Drive	<input type="checkbox"/> Add
		Tallahassee Florida	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Canzada Grant	791 Victory Garden Drive	<input type="checkbox"/> Add
		Tallahassee Florida	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SEP 1 2023  
TALLAHASSEE  
FLORIDA  
COUNTY  
CLERK

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

There are no other changes needed.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** ASAP (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 10, 2013

Mara Cooper  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

14 Jara Cooper  
Typed or printed name

Typed or printed name of signee

2023 SEP 11 10:21  
FBI - NEW YORK  
FBI - NEW YORK

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