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COVER LETTER

Division of Corporations	
SUBJECT: COPLON CONSUL Name	TING AND STAFFING LLC 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:
Kelli V	Villiams Name of Person
COPLON	CONSULTING L.L.C.
P.O. Box	15613 Address
FERNAND	DINA BEACH, FL 32035 City/State and Zip Code
KCOPLON E-mail ac	ddress: (to be used for future annual report notification)
For further information concerning this matter, p	please call:
Kelli Williams Name of Person	at (850) 356-6509 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee Certificate of St	e & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, tatus Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COPLON CONSULTING AND STAFFING LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number <u>L20000070204</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COPLON CONSULTING L.L.C. 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 , Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u> 85023 Burmeister RD	Type of Action
MGR	Kelli Williams	Fernandura Bearin, PL 32005	DAdd
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effective da e: If the d	e, if other than the date of fili te is listed, the date must be specific a ate inserted in this block does no fective date on the Department of	and cannot be prior to date of the transfer the applicable states.	of filing or more than 90 days a	
ord specif filed.	ies a delayed effective date, but n	not an effective time, at	12:01 a.m. on the earlier of	f: (b) The 90th day after the
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Filing Fee: \$25.00