L20 000133335

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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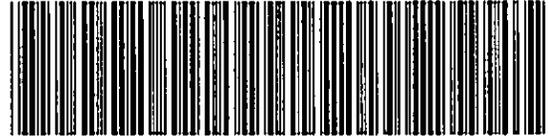
06/00/20 -01020 -010 **25.00

C. GOLDEN
JUN 23 2020

COVER LETTER

SUBJECT: _____COPLINDUS YR LLC_____

<div align="center">Name of Limited Liability Company</div>

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

Please return all correspondence concerning this matter to the following:

RICHARD HENRIQUEZ
_____

<div align="center">Name of Person</div>

COPLINDUS YR LLC
_____

<div align="center">Firm/Company</div>

26005 SW 144 AVE 127
_____

<div align="center">Address</div>

HOMESTEAD FL 33032
_____

<div align="center">City/State and Zip Code</div>

hamao29aa.@gmail.com
_____

<div align="center">E-mail address: (to be used for future annual report notification)</div>

For further information concerning this matter, please call:

RICHARD HENRIQUEZ   at (__305__) __7485417__
_____   _____
<div align="center">Name of Person   Area Code   Daytime Telephone Number</div>

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                                      Certificate of Status   Certified Copy   Certificate of Status &
                                                     (additional copy is enclosed)   Certified Copy
                                                                           (additional copy is enclosed)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

COPLINDUS YR 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 _05/18/2020_ and assigned

Florida document number _L20000133335_.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

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, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

<u>Name of New Registered Agent</u>: RICHARD HENRIQUEZ

<u>New Registered Office Address</u>: 26005 SW 144 AVE 127
Enter Florida street address

HOMESTEAD , **Florida** 33032
City   Zip Code

<u>New Registered Agent's Signature</u>, 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.
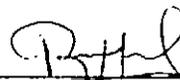
_____
If Changing Registered Agent, <u>Signature of New Registered Agent</u>

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = **Manager**
AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HENRIQUEZ, RICHARD SR.	26005 SW 144 AVE 127	☐ Add
		HOMESTEAD FL 33032	■ Remove
			☐ Change
AMBR	HENRIQUEZ, RICHARD	26005 SW 144 AVE 127	■ Add
		HOMESTEAD FL 33032	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

_____

_____

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_____

E. Effective date, if other than the date of filing: ___05/18/2020_____ **(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 ___06 - 01_____ , ___2020___.

_____
Signature of a member or authorized representative of a member

HENRIQUEZ, RICHARD
_____
Typed or printed name of signee

Filing Fee: $25.00