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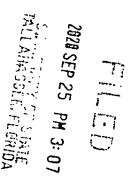
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
COOK M	ANAGEMENT & INVESTME	NTS, LLC		
SUBJECT:		<u> </u>		
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	NAIKA COOK			
		Name of Person		
	COOK MANAGEMENT	& INVESTMENTS, LLC		
		Firm/Company		1028
	3619 NW 30TH CT			2828 SEP 25
		Address		25 Nose
	Lauderdale Lakes, FL 333	П		PM 3: 07
	naika1cook@gmail.com	City/State and Zip Code		OI RIDA
	E-mail address: (	to be used for future annual report noti	fication)	
	concerning this matter, please c	all:		
Naika Cook		786 5083757		
Name o	of Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &
Mailing Addres		Street Address:		
Registration : Division of C		Registration Sec		
P.O. Box 632		Division of Cor The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COOK MANAGEMENT & INVESTMENTS, 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 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COOK RESIDENTIALS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

## 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 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>	Type of Action
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effective date is listed, the defective date inserted in	late must be specific a	nd cannot be prior (	o date of filing or m	ore than 90 days a	fter filing.) Pursuant	to 605.020
ument's effective date or	the Department of	State's records.	one statutory min	5 requirements,	ans date will not	oc nated a
cord specifies a delayed e s filed.	ffective date, but no	ot an effective tir	ne, at 12:01 a.m.	on the earlier of	(b) The 90th da	y after the
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ed 9/15	G.C.	7	ized representative			