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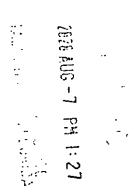
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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45 9/30/00 Registration Section

TO:

COVER LETTER

Division of Co	rporations	_	
	PROPERTIESTAMPA, LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	COOPER, DERRICK M		
		Name of Person	
		Cincil Community	
		rimi/Company	202
		Address	- 37
	7007 N 10TH STREET		Name of Person Firm/Company Address City/State and Zip Code e used for future annual report notification) at () (850) 728-8226 Area Code Daytime Telephone Number
	TAMPA, FL 33604	Name of Limited Liability Company nendment and fee(s) are submitted for filing. ence concerning this matter to the following: COOPER. DERRICK M Name of Person Firm/Company Address 7007 N 10TH STREET City/State and Zip Code TAMPA, FL 33604 E-mail address: (to be used for future annual report notification) erming this matter, please call: at (
		to be used for future annual report not	iffication)
For further information of	concerning this matter, please c	all:	7
Derrick Cooper		411)	
Name 6	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres		•	
Registration : Division of C			
P.O. Box 632			
Tallahassee.			oe Street, Suite 810

Tallahassee. FL 32303

lotloop signature verification: 1.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan	v as it now appears on our record	
(Name of the Limited Liability Compan (A Florida Limited Li	ahility Company)	<u></u>)
The Articles of Organization for this Limited Liability Company v	vere filed on	and assigned
Florida document number <u>L.20000178658</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:	
Derrick Cooper LLC		·: 🛱
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		30
(Principal office address MUST BE A STREET ADDRESS)		
·		P
		· · ·
Enter new mailing address, if applicable:		27
(Mailing address MAY BE A POST OFFICE BOX)		3.5
B. If amending the registered agent and/or registered office ac	ldress on our records, <u>enter</u>	the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street addres	S
	, Flo	orida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree		
provisions of all statutes relative to the proper and complete p		
accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a		

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
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			Remove
			□Change
			□Add
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fective date, if other t	than the date of filing: ne date must be specific and cannot be	prior to date of filing or mor	(optional)	Pursuant to 605.0°
ote: If the date inserted	in this block does not meet the ap on the Department of State's reco	oplicable statutory filing	requirements, this date	will not be listed
cument's effective date	on the Department of State's reco	oras.		
ecord specifies a delayer	d effective date, but not an effecti	ive time, at 12:01 a.m. or	n the earlier of: (b) The	e 90th day after th
is filed.				
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Filing Fee: \$25.00