L20000363150

(i	Requestor's Name)
()	Address)
	Address)
(1	City/State/Zip/Phone #)
PICK-UP	
()	Business Entity Name)
([Document Number)
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COVER LETTER

TO: **Registration Section Division of Corporations**

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BOYS BOYS SUBJECT: mited Liability Company

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

Please return all correspondence concerning this matter to the following:

Joseph Curbone Name of Person Coprague Boys LUC Firm/Company 2 Old Kings Road North Su. To B Palm Coast, F1 32137 City/State and Zip Code 020 DEC 28 Decarbone 740 yahoo.com E-mail address: (to be used for future annual report notification) אב بې at (954) 695 80

For further information concerning this matter, please call:

oseph Corboni

Enclosed is a check for the following amount:

12 \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Telephone Number

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

Copiacine Boys LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $\L2000363150$	were filed on <u>11/30/2-02-0</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty 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:	2020 8
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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.

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>	Name	Address	Type of Action
ambr	Joseph A. Piazza	······································	🗆 Add
		2014 Kings Roud Marth Palm Coust, F1 32137	Remove
		Falm Coust; 17 30137	
<u>ambR</u>	Denise A Piassa		🗆 Add
		7 Old Kings Real north	Remove
		Palm (Past, F1 32-137	🖾 Change
<u> </u>			🖸 Add
		······································	2020 Remove C 2 C 2 C Change
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			Change

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

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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	December 17 2020	
	And lalas	
	Spenature of a member or authorized representative of a member	
	Joseph Carbone	

Typed or printed name of signee -