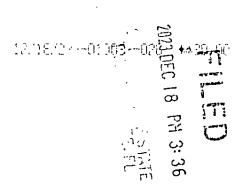
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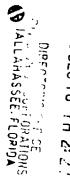
(Requestor's Name)	_
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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A. BUTLER DEC 18 2023

## **COVER LETTER**

·TO:

	tion Section of Corporations		
The G	Copper Drip, LLC		
SUBJECT:	Name of I	Limited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are s	submitted for filing.	
	orrespondence concerning this mat	•	
	Dr. Ciera N. Hill-Flemir	•	
		Name of Person	
	The Copper Drip		
	601 G DI : G. DI	Firm/Company	
	501 S. Blair Stone Rd.	APT 3902	
	Tallahassee, FL 32301	Address	
	rananassee, rt. 5250t		
	dripadmin@thecopperdr	City/State and Zip Code	
	E-mail addres	is: (to be used for future annual report notification)	
For further informa	ation concerning this matter, pleas	e call:	
Dr. Ciera N. Hill-I	Fleming	561 405-5795 at ( )	
Name of Person		Area Code Daytime Telephone Number	
Enclosed is a checl	k for the following amount:		
□ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	
Divisior P.O. Bo	ation Section 1 of Corporations	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**

Eli ma

The Copper Drip, LLC			FILED	
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on Liability Company) 7	Our records.)	
The Articles of Organization for this Limited L L21000013500 Florida document number	Liability Company	were filed on 01/04/	023 DEC 18 PM 3: 36 2021 and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The Copper Comission, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		2241 North Monroe Street		
		#1450		
		Tallahassee, FL 32303		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2241 North Monroe	Street	
		#1450		
		Tallahassee FL, 323	03	
B. If amending the registered agent and/or agent and/or the new registered office addressed agent and/or the new Registered Agent:	registered office ss here:  Dr. Ciera N. H		rds, enter the name of the new regist	
New Registered Office Address:	2241 North Mo	onroe Street #1450		
New Registered Office Address.	Enter Florida street address			
	Tallahasee		32303 Florida	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	•		
l hereby accept the appointment as registere provisions of all statutes relative to the prop	ed agent and agr	ree to act in this cape	acity. I further agree to comply with	

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> MGR	<u>Name</u> Dr. Ciera N. Hill-Fleming	Address 2241 North Monroe Street	Type of Action
			□Add
		#1450	□Remove
		Tallahassee, FL 32303	<b>=</b> Change
<del></del>			
			□Remove
			Change
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fective date, if	other than the date isted, the date must be	te of filing:			(options	ıt)	
an effective date is to the control of the control	isted, the date must be iserted in this block	specific and cannot does not meet the	be prior to date of applicable stati	tiling or more than itory filing requir	90 days after filir rements -this da	ng.) Pursuant to 605 ite will not be list	5.0207 : ed as t
	ve date on the Depar						
		ite. but not an effe	ctive time, at 12	:01 a.m. on the e	earlier of: (b)	The 90th day afte	r the
record specifies a	delayed effective da	,					
	delayed effective da						
		2024	<b>.</b>				
l is fîled. December 1			<b>.</b>				
l is fîled. December 1							
l is fîled. December 1	8th	202 <sup>2</sup>	· ·				
l is filed.	8th		· ·	resentative of a me	mber		