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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Consideration to Either Officer |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Corporations | · |
|---|---|
| 0 / | |
| SUBJECT: Constance L. Name of Lie | Cooper, L.L.C. |
| Name of Lir | nited Eiability Company |
| | |
| | |
| The enclosed Articles of Amendment and fee(s) are suit | bmitted for filing. |
| Manager and the second | and the Caller size. |
| Please return all correspondence concerning this matte | rio inc ionowing: |
| _ | |
| Part | uno, L. Promi. |
| | Name of Person |
| | |
| Contain | Firm/Company |
| ()(M) MAL | Firm/Company |
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| 2999 First 1 | Au Act B |
| 0.111 1 /1311 | Address |
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| Fernandica | Beuch Fi- 32034 |
| 707777 | Beych, Fi 32034 City/State and Zip Code |
| | |
| Conneca | (to be used for future annual report notification) |
| E-Hall Bodiess. | to be used for future administration from reaction) |
| For further information concerning this matter, please of | call: |
| | |
| Constance Cooper | at (964) 233 - 8690 Area Code Daytime Telephone Number |
| Name of Person | Area Code Daytime Telephone Number |
| | |
| | |
| Enclosed is a check for the following amount: | |
| ☐ \$25.00 Filing Fee | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, |
| \$25.00 Filing Fee \$\frac{1}{2}\$30,00 Filing Fee & Certificate of Status | Certified Copy Certificate of Status & |
| · | (additional copy is enclosed) Certified Copy |
| | (additional copy is enclosed) |
| | |
| | |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>421000 43452</u> . | 1/22/2 | and assigned |
|--|---------------------------------------|--|
| Florida document number <u>L210000 43452</u> . | . , | |
| | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability company \mathcal{N}/\mathcal{A} | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," to | he designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | N/B | |
| (Principal office address MUST BE A STREET ADDRESS) | , , , , , , , , , , , , , , , , , , , | 2021 |
| | | <u>. </u> |
| | , | 1 8 |
| Enter new mailing address, if applicable: | N/B | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | - | <u> </u> |
| | | P* |
| B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here: | ır records, <u>enter the</u> | name of the new register |
| | , | |
| Name of New Registered Agent: | N/R | |
| New Registered Office Address: | , | |
| | Florida street address | |
| | , Floric | da |
| City | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performance | | |

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 |
|--------------|--------------------|--|--------------------------------|
| AMBR_ | Contence L. Cooper | 2999 First Av Apt. B | Add |
| | | 2999 First Av Apt. B Fernandina Beach, Fi- 32034 | |
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| ffective | date, if other than the date of filing:(op | ntional) |
| | re date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days a | fler filing.) Pursuant to 605.020° |
| an effecti | he date inserted in this block does not meet the applicable statutory filing requirements, to | this date will not be listed as |
| an effecti ote: If | is effective date on the Department of State's records. | |
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| an effection and effection and effection occurrent record so is filed. | June 3 2021. Limiture of a member or authorized representative of a member | |
| an effection ocument record so dis filed. | | |