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SECRETARY OF STATE
TALLAHASSEF, FI

A. BUTLER MAR 1 1 2022

COVER LETTER

	tration Sec on of Corp			
SUBJECT: _	001 Marqu	uis, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspon	dence concerning this matter	to the following:	
		Wells Corken Johnston		
			Name of Person	
		Cooper & Mel Holdings,	LLC	
			Firm/Company	
		129 NE 32nd Avenue,	Apt 2509	
			Address	·
		Miami, Florida 33137		
			City/State and Zip Code	
		wellsjohnston@gmail.cor	n to be used for future annual report no	att tradition)
For further info	ormation co	oncerning this matter, please c		onneadon)
Wells Corker	n Johnston		415 706-8928	ı
Name of Person		415 706-8928 at () Area Code Dayti	ime Telephone Number	
Enclosed is a c	heck for the	e following amount:		
□ \$25.00 Fil	ing 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)
	ng Address stration S		Street Address: Registration S	Section
Divis	sion of Co	orporations	Division of Co The Centre of	orporations
	Box 6321 hassee, F			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 MAR -2 AM 9: 09

3001 Marquis, LLC

(Name of the Limited Liability Company as it now appears do pur records:) UF STATE
(A Florida Limited Liability Company) TALLAHASSEE, FL

he Articles of Organization for the	his Limited Liability Compan	y were filed on 3/2/2021	and assigned
lorida document number L21000)101180		
his amendment is submitted to a	mend the following:		
. If amending name, enter the	new name of the limited lia	bility company here:	
ooper Mel Marquis, LLC			
te new name must be distinguishable a	nd contain the words "Limited Liab	nility Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices add	ress, if applicable:		
Principal office address MUST .	BE A STREET ADDRESS)		
		•	
Inter new mailing address, if a	inlicable:		
Mailing address MAY BE A PO	•		
riuming duareos militario	<u>5. 0.11.02.05.0</u>		
3. If amending the registered a	gent and/or registered office	address on our records, ente	r the name of the new regist
gent and/or the new registered	office address here:		
Name of New Registere	d Agent:		<u> </u>
New Registered Office	Address:		
Men regionica Omice i	- 10 10 1 W 10 10 1	Enter Florida street addre	255
		, F	lorida
		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 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	Membe

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			☐ Change
			□Add
		•	□Remove
			Cl Change
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ctive date, if other than the offective date is listed, the date must	date of filing: be specific and cannot be prior to	a date of filing or more th	(optional)) Pursuant to 605 020
e: If the date inserted in this blo	ck does not meet the applical	ble statutory filing requ	uirements, this date	
ument's effective date on the De	partment of State's records.			
ord specifies a delayed effective	date but not an effective tin	ne at 12:01 a.m. on the	e earlier of: (b) Th	e 90th day after the
filed.				e zour day diter un
February 24	2022			
ed	*	_ ·		
4 .				
Wellshow				
Wells January 24	Signature of a member or author	ized representative of a n	nember	<u></u>

Filing Fee: \$25.00