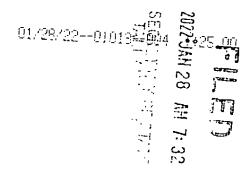
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(Re	questor's Name)	<del></del>
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

Division of Cor			v <b>A</b>
Peled Mana SUBJECT:	agement LLC		•
SOBJECT:	Name of Lin	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sela Peled		
		Name of Person	
	Peled Management LLC		
		Firm/Company	
	3001 NW 82nd Way		
		Address	<del></del>
	Cooper City, FL 33024		
	selapeled@gmail.com	City/State and Zip Code	
For further information c	n-mail address: ( oncerning this matter, please e	to be used for future annual report notif all:	ication)
Russell Sass		516 5090559 at ( )	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Cupy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addess		Change Address	

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**



2022 JAN 28 AM 7: 32

Peled Management LLC

(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.2100045777	were filed on October 19 2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Cooper Management LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	3800 South Ocean Drive		
Principal office address MUST BE A STREET ADDRESS)	Suite 228		
	Hollywood, FL, 33019		
Enter new mailing address, if applicable:	3800 South Ocean Drive		
Mailing address MAY BE A POST OFFICE BOX)	Suite 228	•	
	Hollywood, FL, 33019	·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the nam</u>	e of the new reg	
New Registered Office Address:	Enter Florida street address		
	, Florida		

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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
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Effective date, if oth than effective date is liste Note: If the date inser document's effective of	tea in this block doc	s not meet the appl	licable statutors fil	oper than 90 days at ing requirements, t	tional) for filing (Pursuam to 8) his date will not be li	35,0201 (3) Sted as the
he record specifies a del ord is filed.	wed effective date, f	out not an effective	tume, at 12.01 a n	i, on the earlier of:	(b) The 90th day an	ter the
ianum tii		2022				
Dated		•				

Filing Fee: \$25.00