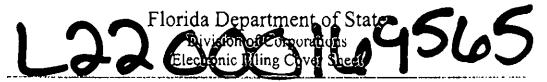
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 Phone : (305)371-5758 Fax Number : (305)371-3178

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_ mhasner@therrelbaisden.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

# LMB COOPER CITY INVESTMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

To: FAX SERVICE ' From: 3053589656 4/27/2022 4:48:51 PM p. 3 of 6

## COVER LETTER

	tion Section of Corporations	•	•
LM SUBJECT:	IB COOPER CITY INVESTM	MENT, LLC	,
SUBJECT:	Nan	ne of Limited Liability Company	
The enclosed Arti	cles of Amendment and fee(s)	) are submitted for filing.	
Please return all o	orrespondence concerning this	s matter to the following:	•
	Mark M. Hasner, I	3sq.	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Name of Person	
	Therrel Baisden, L	LP	
	<del> </del>	Firm/Company	
	1 SE 3rd Avenue,	Suite 2950	
		Address	<u> </u>
	Miami, FL 33131		
	<del></del> -	City/State and Zip Code	
	mhasner@therrelba		
- 0.1		ddress: (to be used for future annual	report noutication)
For lurther inform	ation concerning this matter,	please call:	
Mark M. Hasner, Esq.		305 3 at ( )	71-5758
1	Name of Person	Area Code	Daytimo Telephone Number
Enclosed is a chec	k for the following amount:		
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	ition Section of Corporations		ation Section n of Corporations
P.O. Bo			ntre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

4/27/2022 4:48:51 PM p. 4 of 6

#### To: FAX SÉRVICE '

From: 3053589656

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Miami, FL 33131			
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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

To: FAX SERVICE ' From: 3053589656 4/27/2022 4:48:51 PM p. 5 of 6

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
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	Signah	ure of a member or a	uthorized represent	itive of a member		

Filing Fee: \$25.00