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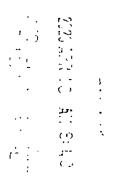
· · · · · · · · · · · · · · · · · · ·	(Requestor's Name)				
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	OPER THERNO Name of Lin	2410KQL DEVEL ited Liability Company	20 Decent Cenoup, LLC	· ノ
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	UALSHER	RC HLL Name of Person		
	15404 DA RUSKIN, HILLSHE	Firm/Company AKCLA SKY Address City/State and Zip Code RRI DO QUIL to be used for future annual report noti	il. Com	
For further information c	oncerning this matter, please c	all:		
UQBHERK Name o	Pi Hhh	at Area Code Daytim	7-/360 e Telephone Number	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	S30.00 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)	

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

Copaep, LLC iability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on ________________________________and assigned Florida document number <u>L 23 00 000 Lou o 1</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
) <u>NEMB</u> ER	VAISHERRI HILL	5281 CANE ISLAND LOOP #102 KISSINGE, FI	_ □Add 34746 _XIRemove
			□Change
		 	□ Add
			Remove
•			☐ Change ☐ COZOZO GARDONE ☐ COMPART STANDARD
		1-	Change Change Add Remove
			□ Remove □ Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ယ _ (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Typed or printed name of signee

Filing Fee: \$25.00