

L23000363136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

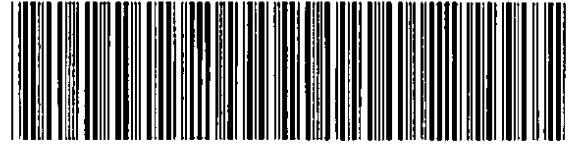
(Business Entity Name)

(Document Number)

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2023 AUG 14 AM 11:17

A. PARISHANI

AUG 19 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COOPER ISLAND PRODUCTIONS, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SETH D. CORNEAL, ESQ.  
Name of Person

THE CORNEAL LAW FIRM  
Firm/Company

509 ANASTASIA BLVD.  
Address

ST. AUGUSTINE, FL 32080  
City/State and Zip Code

JCSTEPHEN1@ME.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SETH CORNEAL  
Name of Person

at (904)  
Area Code

819-5333  
Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing 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)

**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

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	MIA SCHEID	165 INLET DR.	<input checked="" type="checkbox"/> Add
		ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIELLE SCHEID	165 INLET DR.	<input checked="" type="checkbox"/> Add
		ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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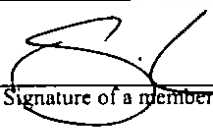
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

Dated AUGUST 8, 2023.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

SETH D. CORNEAL

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00