# 1160000087977

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1.
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Div	rision of Corp	orations		
SUBJECT:		NTURA HOME, LLC		
		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		MARINA WEINSTEIN		
			Name of Person	<del></del>
			_	
			Firm/Company	
		4645 DODGEWOOD ROA	AD	
			Address	<del></del>
		BRONX NY 10471		
			City/State and Zip Code	<del></del>
		weindom@yahoo.com		
			to be used for future annual report notific	cation)
For further i	nformation co	ncerning this matter, please ca	all:	
Marina Wei	nstein		917 821-5346 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00 I	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:

TO:

**Registration Section** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COSY AVENTURA HOME, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our reco lited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 5/4/2016	and assigned
Florida document number L16000087977		
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 "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	
		7
		5.5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		142 W
	<del></del>	OR OF
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Zin 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 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
AMBR	ELENA WEINSTEIN	3001 NE 185 street, Aventura Fl 33	
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			☐ Change
	<u></u>	<del></del>	🗖 Add
			Remove
	,		Change
		<del></del>	☐ Remove
			Change
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te: If the date inserted in this block do ument's effective date on the Departn	oes not meet the applicable statutory filing renent of State's records.  ective date, but not an effective time	equirements, this date will not be listed
ed 6/7/2016	2	
	le Cee	20
Signal Marina Weinstein	fure of a member or authorized representative of	a member
	Typed or printed name of signee	no <b>m</b>
		FES

Filing Fee: \$25.00