

121000118188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

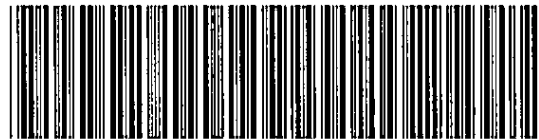
(Business Entity Name)

(Document Number)

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05/04/21--01047-020 25.00

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MAY -11 PM 1:25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Cosmic Portal 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:

Gina Aguilar
Name of Person
The Cosmic Portal LLC
Firm/Company
4149 SW 130th Ave.
Address
Davie, FL 33330
City/State and Zip Code
agui.gina@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Aguilar 786 5577405
Name of Person at Area Code 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
2445 N. Monroe
Tallahassee, FL 32310

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Cosmic Portal LLC

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

The Articles of Organization for this Limited Liability Company were filed on March 24, 2021 and assigned
Florida document number L21000118188.

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

_____, Florida _____
City Zip 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 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

Title	Name	Address	Type of Action
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AMBR	Daniel M. Torro	4149 SW 130th Ave. Davie Fl. 33330	<input checked="" type="checkbox"/> Add
------	-----------------	------------------------------------	---

☐ Remove

☐ Change

AMBR	Gina Aguilar	4149 SW 130th Ave. Davie Fl. 33330	<input checked="" type="checkbox"/> Add
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☐ Remove

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PAID
2021
DAY - 15
PM 1:25
TALLAHASSEE, FLORIDA

2021 MAY -11, PM 11:25
JULIA J. JAMES, FLORIDA

2021 MAY -11 PM 1:25
JANE
HILL, HASTET, FLORIDA

(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)

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 April 29th 2021

Gina Aguilar

Typed or printed name of signee

Filing Fee: \$25.00