## 113000219695

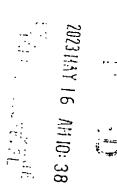
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates of	Status
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration : Division of Co				
COSFL. I				
Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are subn	nitted for filing.		
Please return all corresp	pondence concerning this matter to	o the following:		
	Courtney Chavis			
		Name of Person		
	COSFL, LLC			
	<del></del>	Firm/Company		
	253 Broward Ave			
		Address		
	Greenacres, FL 33463			
	courtney.craftstaff@gmail.co			
For further information	E-mail address: (ic	be used for future annual real:	eport notification)	
Courtney Chavis		_	1395	
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 tadditional copy is energy	Consed) Co	0.00 Filing Fee, entificate of Status & entified Copy ditional copy is enclosed?
Mailing Addr		Street Add		
Registration Section Division of Corporations		<del>-</del>	ion Section of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

COSFL, 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  $\frac{05/03/2023}{2}$ and assigned Florida document number L23000219695 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.

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 Courtney Chavis	253 Broward Ave	■Add	
		Greenacres, FL 33463	Remove
			□Change
		<u> </u>	🗆 Add
		□Remove	
			□Change
		□Add	
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			□Change

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  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 coord is filed.  Dated  May 14  2023  Significer of a njember or authorized representative of a member	. •	
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Signature of a member or authorized representative of a member	Dated	
Signature of a member or authorized representative of a member		
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signce