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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations
UBJECT: Brasseric La Cigale LLC Name of Limited Liability Company
Name of Emiliard Embinsy Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Mren Verminea Name of Person
COS International Holdings
109 SE 54 Ave Ind Floor Address
Delray Beach, FL 33483
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Person at (SW) 278 11109 X 3313 Area Code Daytime Telephone Number
inclosed is a check for the following amount:
□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Com	e LLC pany as it now appears on our recor	<u>-</u>	
(A Florida Limited	pany as it now appears on our record Liability Company)		
The Articles of Organization for this Limited Liability Compan	ny were filed on 25 2000	and assigned	
Florida document number <u>L 000000 149 65</u>	. ,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LL	C" or the abbreviation "L.L.C."	
	, , , , ,		
Enter new principal offices address, if applicable:		22	
(Principal office address MUST BE A STREET ADDRESS)			
		2	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, F	Florida Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
I hereby accept the appointment as registered agent and ag	gree to act in this capacity. If	urther 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
Mar	William Milmoe		□Add
			Remove
			Change
Mgc_	James Baker		□Add
			Remove
			Change
UM.	Karen Vermilypa		□ Change □ Add
			IRemove ??
		 	Change
			Remove
			Change
			□Remove
			Change
			□Add
			Remove
			□ Change

					
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n effective date is te: If the date i	other than the date of listed, the date must be spenserted in this block do we date on the Departm	eific and cannot be prices not meet the appli	or to date of filing or mo- icable statutory filing	(option to than 90 days after fill requirements, this d	ing.) Pursuant to 605.0207
is filed.	i delayed effective date,				
ted <u>8</u>	15 2024 Yaun Signah Karen	· · · · · · · · · · · · · · · · · · ·	 ·		
	Karen 1	Imply	A		
	Signati	ure of a member or A it	norized representative c	i a member	

Filing Fee: \$25.00

TO: Registration Section **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: sternational For further information concerning this matter, please call: Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florid	CITY C LLC ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 21512000	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		22
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter the name	e of the new registered
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 Changing Registered Agent, Signature of New Registered Agent

-			
or removed	from our records:		•
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	William Milmoe		□Add
			Remove
			Change
Mgc	James Baker		□ Add
			Remove
			□Change
Wit	Karen Vermilyea		□Add
			Remove
		<u> </u>	□Change
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.020 equirements, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on a is filed.	the earlier of: (b) The 90th day after th
Signature of a member or Authorized representative of Agren Vermilyea Typed or printed name of signee	
Man Virginia of a new her or substitute of	

Filing Fee: \$25.00