

**LO6000022589**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

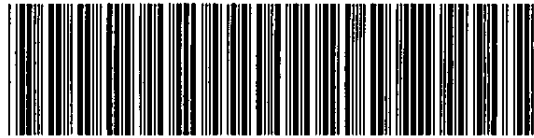
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**FILED**  
**08 APR 17 PM 12:10**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**N. O. 18 APR 18 2008**

April 9, 2008

Florida Department of State  
Division of Corporations

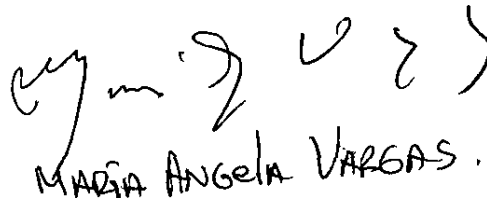
To whom it may concern:

Please find an amendment to LLC filing for "Corigem Fashion"  
Please make corrections as indicated.

Thank you.

A handwritten signature in cursive script, appearing to read "Marcella Acosta".

Marcella Acosta  
Owner  
Corigem Fashion  
940 Lincoln Road, #205  
Miami Beach, FL 33139

A handwritten signature in cursive script, appearing to read "Maria Angela Vargas".  
MARIA ANGELA VARGAS.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Corigem Fashion  
(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:

Marcela Acosta  
(Name of Person)

Corigem Fashion  
(Firm/Company)

940 Lincoln Rd. #215  
(Address)

Miami Beach, FL 33139  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marcela Acosta at 305-282-7118  
(Name of Person) (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/COURIER ADDRESS:**

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

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

Cosigen Fashion, 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 3/21/06 and assigned Florida document number 106000022589

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

na

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."

**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:

Marcela Acosta

New Registered Office Address:

9 Island Avenue #1915  
(Enter Florida street address)

Miami Beach, Florida 33139  
(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 608, 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.*

Marcela Acosta  
(If Changing Registered Agent, Signature of New Registered Agent)

MARIA ANGELA VARGAS

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TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Maecela Acosta	9 Island Avenue #1915 Miami Beach, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Maria Angela Vargas	9 Island Ave. #715 Miami Beach, FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
08 APR 17 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dated

9th of April, 2008

Signature of a member or authorized representative of a member

Maria Angela Vargas

Typed or printed name of member