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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corp							
SUBJI	ECT:	KOSMIC	JEWELRY, LLC					
0000			ted Liability Company	•				
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.					
Please return all correspondence concerning this matter to the following:								
DAVID RODRIGUES, CPA								
			Name of Person					
		DAVI	O RODRIGUES, CPA, PA					
Firm/Company								
101 N MISSOURI AVE								
Address								
		CLI	EARWATER, FL 33755					
City/State and Zip Code								
DRODRIGUES123@YAHOO.COM								
. E-mail address: (to be used for future annual report notification)								
For fur	ther information co	ncerning this matter, please c	all:					
		RODRIGUES	at (_727)	439-0089				
	Name of	Name of Person Area Code & Daytime Telephone Number		ne Telephone Number				
Enclos	ed is a check for the	following amount:						
\$25	5.00 Filing Fee	S30.00 Filing Fee & . Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations c 6327 see, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOSMI	C JEWELRY, LLC				
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appea	rs on our records.)			
(11)	omnice bisomity company,				
The Articles of Organization for this Limited Liability C	ompany were filed on	08/30/2007	and assigned		
Florida document number L07000088957					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :			
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Comp	any," the designation "l	LC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	RESS)				
			Æ£ ≠		
			A		
Parameter (the state of the sta					
Enter new mailing address, if applicable:			<u>-85€ 6-</u>		
(Mailing address MAY BE A POST OFFICE BOX)			- iii		
		······································			
B. If amending the registered agent and/or regis			SR I		
		our records, enter	the mame of the new		
registered agent and/or the new registered office add	ress here:				
			• •		
Name of New Registered Agent:					
New Penistered Office Address					
New Registered Office Address.	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	KENNETH ROSENBERGER	3466 WOODRIDGE PKWY PALM HARBOR FL 34684	Add Remove
······································			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			_ _
			_
Dated	February 15 201	or authorized representative of a member	
_	KATHLEI	EN ROSENBERGER	
-	Typed o	r printed name of signee	