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COVER LETTER

TO:	Registration Section Division of Corpor	ations			
SUBJ	ECT:	Valerie Coz	LLC		
., .,		Name of Lim	ited Liability Company		
The er	nclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please	return all corresponde	nce concerning this matter	to the following:		
		Va	lene Virga	Coz	
			Name of Person		
		ا ہی ۷	erie Co 2 L	LC	
			Firm/Company		
		2	OSPREY C	.T	
			Address		
		Ce	an Ridge	FL 33435	-
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	-	Valene	to be used for future annual r	coort notification)	
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roriu		erning this matter, please ea			
	Valene	67	ar (<u>561</u>)	386 - 80 11 Davtime Telephone Number	
	Name of Pe	rson	Area Code	Daytime Telephone Number	
Enclo	sed is a check for the f	ollowing amount:			
□ \$:	25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Sta	atus &

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

ZOITAUG 14 PM 2:30
TALLAMASSEE, TLORID.

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

(All orda Limited Liability Company were filed on 15 2009 and assigned Florida document number LO9 000005357

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 "LLC"

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, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MgR	Stephen W Coz	2 Osprey Ct Ocean Ruge FL 33	LI Xdd	
		Ocean Guge FC 33	YSS Remove	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior oblate of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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 record is filed.
Dated
Signature of a member or authorized representative of a member
Valerie Virgia Coz
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00