L10000044651

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10 JUN 24 PH 12: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N 0-08-28 JUN 2 5 2010

COVER LETTER

TO: Registration S Division of Co		•			
SUBJECT:	COZY SCHMOZY HOMES TIC				
		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		MARIANO DEMARIN			
		Name of Person			
COZY SCHMOZY HOMES, LLC					
Firm/Company					
8151 PETERS ROAD, SUITE 2200					
		Address			
	PI	ANTATION, FL 33324 City/State and Zip Code			
	MI	DCSH1@GMAIL.COM			
	E-mail address: (to be used for future annual report	notification)		
For further information	concerning this matter, please of	call:			
MAR	IANO DEMARIN	at (954)	315-5100		
Name	of Person	Area Code & D	aytime 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 enc	Sectificate of Status & Certified Copy (additional copy is enclosed)		
Regis Divisi	LING ADDRESS: tration Section on of Corporations Box 6327	STREET/CO Registration S Division of C Clifton Buildi	orporations		

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 JUN 24 PM 12: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Trecords.)

COZY SCHMOZY HOMES, 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 _	APRIL 26, 2010	and assigned	
Florida document numberL10000044651				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company h	nere:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Con	npany," the designation "LI	C" or the abbreviation	
Enter new principal offices address, if applicable:	3350 SW 148TH AVE			
(Principal office address MUST BE A STREET ADDRESS)	SUITE 110			
	MIRAMAR	FL 33027		
Enter new mailing address, if applicable:	3350 SW 1	48TH AVE		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 110			
	MIRAMAR,	FL 33027		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		our records, enter th	e name of the new	
New Registered Office Address:		Enter Florida street addro	208	
	Enter rioriau street address			
	City	, Florida	Zip Code	
	City		Lip 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>	Name	Address	Type of Action
MGRM	SOLUTIONS, INC	10980 NW 3RD ST PLANTATION, FL 33324	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.	<i>)</i>
		ALLA	FI SECRETA
			ILED 24 PH 12: 02 AREPESTATE
Dated	JUNE 16 , 20		ATE ORDA
-	MAF	ar authorized representative of a member RIANODEMARIN or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00