## 1000082233

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PICK-UP WAIT MAIL
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		<u>,                                     </u>				
COSMO MANAGE	MENT, LLC					
· · · · · · · · · · · · · · · · · · ·						
		· · · · · · · · · · · · · · · · · · ·				
				Art of Inc. File		
	<del></del> · -		<del></del>	LTD Partnership File		
				Foreign Corp. File		
			<u> </u>	L.C. File		
				Fictitious Name File	26 ; 9	
				Trade/Service Mark	2019 SEP	2
				Merger File	. 1 9	
				Art. of Amend. File		
				RA Resignation		
				Dissolution / Withdrawal	6.5	
				Annual Report / Reinstatement		
				Cert. Copy		
				Photo Copy		
				Certificate of Good Standing		
				Certificate of Status		•
				Certificate of Fictitious Name		
				Corp Record Search		_
				Officer Search	<u> </u>	
				Fictitious Search		
Cinnatura				Fictitious Owner Search		
Signature			<u> </u>	Vehicle Search		
				Driving Record		
Requested by: SETH	00/10/10		<u> </u>	UCC 1 or 3 File		
	$-\frac{09/19/19}{2}$	<del></del>		UCC 11 Search		
Name	Date	Time		UCC 11 Retrieval	-	
Walk-In	•			Courier		

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	COSMO M	ANAGEMENT, LLC		
SUBJE	CI:	Name of Lim	lited Lizbility Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	etum all correspo	ndence concerning this matter	to the following:	
		LORENE SEELER YOU	4G	
		LORENE SEELER YOUR	Name of Person	· · · · · · · · · · · · · · · · · · ·
		9124 GRIFFIN ROAD	Firm/Company	
		COOPER CITY FL 33328	Address	2019
			City/State and Zip Code	
For furt	her information c	E-mail address: (	to be used for future annual rep all:	ort notification)
LOREN	E SEELER YOU	NG OR CLARA MENDEZ	954 585-3	1.0
	Name of	Person	Area Code	Daytime Telephone Number
Enclose	d is a check for th	e following amount:		
<b>≒</b> \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisio	NG ADDRESS: ation Section n of Corporations	Registration	OURIER ADDRESS: Section Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COSMO MANAGEMENT, LLC			<del> </del>	
(Name of the Limited Liability Co. (A Florida Limi	mpany as It now appears on ted Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Comp.  Florida document number L10000082233	any were filed on August	5, 2010	and assigned	
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 L	iability Company," the design	ation "LLC" or the abbi	eviation "L.L.C."	<b>.</b>
Enter new principal offices address, if applicable:			<u></u>	_
(Principal office address MUST BE A STREET ADDRESS	2		10	_
		<u> </u>	(2) (7)	<u>:</u>
Production of an North		-	59	-
Enter new mailing address, if applicable:		<del> </del>		- :
(Mailing address MAY BE A POST OFFICE BOX)	·		- : <del></del>	<u>.</u> :
			<u></u>	-
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r records, <u>enter t</u>	•	<u>161</u>
Name of New Registered Agent:				-
New Registered Office Address:	Enter Florida si	treet address	<del>-</del>	-
		, Florida		
	City	FIORES	Zip Code	•
New Registered Agent's Signature, if changing Registered Age	e <u>nt:</u>			

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u> EMMANUEL J. ALDABE SR	Address	Type of Action
MGRM	EMMANOEE J. ALDABE SK	9190 BISCAYNE BLVD #202 MIAMI SHORES, FL 33138	
			■ Remove
		<del></del>	
MGR	EMMANUEL J. ALDABE SR	9190 BISCAYNE BLVD #202 MIAMI SHORES, FL 33138	= Add
		·	Remove
		<del></del>	Change
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	,		C Remove
			Change

NAME AND ADDRESS OF THE MANAGERS ARE CRISTIANE C. LEON AND EMMANUEL J. ALDABE SR	
9190 BISCAYNE BLVD #202, MIAMI SHORES FL 33138	
ARTICLE III OF THE ARTICLES OF ORGANIZATION IS AMENDED TO READ:	
The purpose of this company shall be to buy, sell and lease real property and for any	
and all other lawful purposes. The company shall be Manager-Managed.	
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ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requirement iment's effective date on the Department of State's records.	nts, this date will not be list
	2:01 a.m. on the earli
record specifies a delayed effective date, but not an effective time, at 12 he 90th day after the record is filed.	
record specifies a delayed effective date, but not an effective time, at 12 he 90th day after the record is filed.	
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Page 3 of 3

Filing Fee: \$25.00