

# L11000043128

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

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

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

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

☐

PICK-UP

☐

WAIT

☐

MAIL

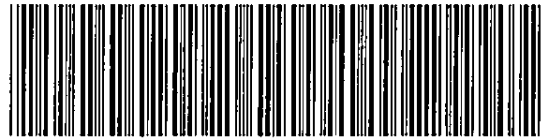
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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900451305169

07-18-25  
DH

05/23/25--01010--012 \*\*25.00

FILED  
2025 MAY 23 PM 4:11  
STATE  
CLERK

May 20, 2025

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Department of State Representative:

I am filing this to change:

- The Principal Address
- Mailing Address
- Address of the Authorized Person Detail

The new Address for the above three items should all be:

218 W Killarney Lake  
Moore, SC 29369

Thank you for your assistance.



Andrew Swenson  
218 W Killarney Lake  
Moore, SC 29369  
727-249-3595

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cozy Toez, LLC

\_\_\_\_\_  
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:

Andrew Swenson

\_\_\_\_\_  
Name of Person

Cozy Toez, LLC

\_\_\_\_\_  
Firm/Company

218 W Killamey Lake

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

Moore, SC 29369

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Swenson

\_\_\_\_\_  
Name of Person

at ( 727 ) 249-3595

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Cozyy Toez, LLC

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

**FILED**  
2025 MAY 23 PM 4:11  
CLERK OF CIRCUIT COURT  
JANICE

The Articles of Organization for this Limited Liability Company were filed on 04/11/2021 and assigned 7

Florida document number L11000043128

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

218 W Killamey Lake

Moore, SC 29369

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

218 W Killamey Lake

Moore, SC 29369

**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:

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 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**

[illegible]

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

FILED  
23 PM 4:11  
CLARK COUNTY  
MISSISSIPPI

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

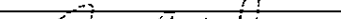
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 May 20 , 2025

\_\_\_\_\_, 20\_\_\_\_, 2025.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Andrew Swenson

Typed or printed name of signee