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COVER LETTER -

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Division of Corporations
SUBJECT: MORANSKi CONSULTING AND MANAGEMENT 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:
Coloria Moranski Name of Person
Cosmic Jerky LLC
1842 Meadow Lave
Clearwater, Fl 33764 City/State and Zip Code aloriam 9 o ivno. com/cosmic jerky & E-mail address (to be used for future annual report notification) gmail. com
E-mail address! (to be used for future annual report notification) gmail. Com for further information concerning this matter, please call:
CelorIA Moranski, at (727) 946-1309 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

FILED 2014 NGV -3 PH 12: 04

		SE	CRETARY OF STATE
MODANSKI CON	sulting AND	MANAGEM	16 NOTE LILOURING
MORANSKI CON (Name of the Limited Lia (A Flo	bility Company as it now appride Limited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on	4/23/14	and assigned
The Articles of Organization for this Limited Liability Florida document number	<u>5 9</u> .199	,	
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the l	imited liability company	here:	
Cosmic	TERKY L.	L.C.	
The new name must be distinguishable and end with 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 AD	DRESS)		
Enter new mailing address, if applicable:			<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		on our records, en	ter the name of the new
registered agent and/or the new registered office a	udi ess nere:		
Name of New Registered Agent:			
-			
New Registered Office Address:	Fater 1	Florida street address	
	Line, i		
	City	, Florida	Zip Code
	ŕ		•

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOEL M. MORANSK.	1842 MEADOW LANE	Add
		clearwater, Fl. 33764	
MGR	Jeremy J. Morange:	1842 Meedow Lane Cheerwater, Fl. 33764	— 5 ∕Add
	•	Cheerwater, Fl. 33764	□ Remove
			Add
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ffective date must ate this documen	t be specific, cannot be prior t	o date of receipt or filed date an	d cannot be more than 90	optional) days after
effective date mus	t be specific, cannot be prior t	o date of receipt or filed date an	d cannot be more than 90	optional) days after

Page 3 of 3

Filing Fee: \$25.00

