L13000077142

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SECRETARY OF STATE

COVER LETTER

	gistration Sec vision of Corp						
SUBJECT:	COGAL IN	IVEST LLC					
Name of Limited Liability Company							
		Amendment and fee(s) are submitted for filing.					
Please retur	n all correspor	ondence concerning this matter to the following:					
		CRISTIANE LEON					
		Name of Person					
		COSMO MANAGEMENT LLC					
		Firm/Company					
		9190 BISCAYNE BLVD STE 202					
		Address					
		MIAMI SHORES, FL 33138					
		City/State and Zip Code					
		CRISTIANE@THECOSMOTEAM.COM					
		E-mail address: (to be used for future annual report notification)					
For further i	information co	oncerning this matter, please call:					
CRISTIAN	E LEON	786 462-6766 at ()					
Name of Person Area Code Daytime Telephone Number							
Enclosed is	a check for th	ne following amount:					
x \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

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

FILED

OF

2015 JUN 18 AM 11: 11

COGAL INVEST, LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

	ompany were filed on 05/28/2013	and assigned
Florida document number L13000077122	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regist		ds, enter the name of the no
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addr	ered office address on our recor	ds, enter the name of the ne
	ered office address on our recor	ds, enter the name of the no
	ered office address on our recor	ds, enter the name of the no
registered agent and/or the new registered office addr	ered office address on our recor	ds, enter the name of the no
Name of New Registered Agent:	ered office address on our recor	
Name of New Registered Agent:	ered office address on our recor ress here: Enter Florida street addr	

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 Mémber

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	COSMO MANAGEMENT LLC	9190 BISCAYNE BLVD STE 202, MIAMI Shoren, R. 33138	■ Add
			Remove
		 	Change
			Add
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	.m. on the earlier of:
Dated 06 15 , 15	
Signature of a member or authorized representative of a member Coishane June Marager Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00