

L13000077122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

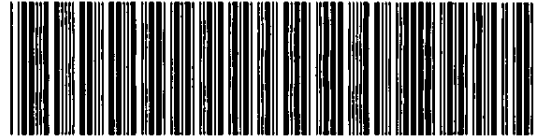
(Business Entity Name)

(Document Number)

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2016 FEB 11 P 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 12 2016  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2016

CRISTIANE LEON  
9190 BISCAYNE BLVD, STE 202  
MIAMI SHORES, FL 33138

SUBJECT: COGAL INVEST, LLC  
Ref. Number: L13000077122

We have received your document for COGAL INVEST, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 016A00002847

2016 FEB 11 P 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COGAL INVEST 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:

CRISTIANE LEON

Name of Person

COSMO MANAGEMENT

Firm/Company

9190 BISCAYNE BLVD STE 202

Address

MIAMI SHORES, FL 33138

City/State and Zip Code

CRISTIANE@THECOSMOTTEAM.COM

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

For further information concerning this matter, please call:

CRISTIANE LEON

786 4626766  
at ( )

Name of Person

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2016 FEB 11 P 1:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

COGAL INVEST, 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 05/28/2013 and assigned  
Florida document number 113000077122.

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 "LLC."

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

(Principal office address MUST BE A STREET ADDRESS)

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

(Mailing address MAY BE A POST OFFICE BOX)

**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

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

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                                       | <u>Type of Action</u>                      |
|--------------|-------------------|------------------------------------------------------|--------------------------------------------|
| MGR          | MARTINE ROSSILLON | 9190 BISCAYNE BLVD STE 202<br>Miami Shores, FL 33138 | <input type="checkbox"/> Add               |
|              |                   |                                                      | <input checked="" type="checkbox"/> Remove |
|              |                   |                                                      | <input type="checkbox"/> Change            |
| MGR          | SUZANNE ROSSILLON | 1410 CONSTANCE ST. NEW ORLEANS<br>LA, 70130          | <input checked="" type="checkbox"/> Add    |
|              |                   |                                                      | <input type="checkbox"/> Remove            |
|              |                   |                                                      | <input type="checkbox"/> Change            |
|              |                   |                                                      | <input type="checkbox"/> Add               |
|              |                   |                                                      | <input type="checkbox"/> Remove            |
|              |                   |                                                      | <input type="checkbox"/> Change            |
|              |                   |                                                      | <input type="checkbox"/> Add               |
|              |                   |                                                      | <input type="checkbox"/> Remove            |
|              |                   |                                                      | <input type="checkbox"/> Change            |
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|              |                   |                                                      | <input type="checkbox"/> Change            |

2018 FEB 1 1:06 PM  
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2016 FEB 11 P 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Notaral

(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)

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**

January 28, 2016

Signature of a member or authorized representative of a member

Cristhane Leon, Cosmo Management  
Typed or printed name of signee