# 2300077122

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u>u.</u>		

Office Use Only



900334745539

09/30/19--01002--022 \*\*25.00

40 M SEP 19 KI 10: 3

SEP 20 2019 M. SOLOMON

## CAPITAL CONNECTION, INC.

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

COGAL INVEST, I	LC			
				Art of Inc. File
				LTD Partnership File
			<del></del>	Foreign Corp. File
				L.C. File
			<u></u> -	Fictitious Name File
		I	l	Trade/Service Mark
		ı	<u></u>	Merger File
				Art, of Amend, File
				RA Resignation
			l	Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
			<u> </u>	Certificate of Fictitious Name
				Corp Record Search
				Officer Search
			}	Fictitious Search
Signature		<del></del>		Fictitious Owner Search
	. <del></del>			Vehicle Search
= = = ==	<b></b>			Driving Record
Requested by: SETH	09/19/19			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
332-14 · *				UCC    Retrieval
Walk-In 17: Ponders Printing - Thom issue, GA arx	Will Pick Up	<del></del>		Courier

#### **COVER LETTER**

Registration Section

TO:

Divi	sion of Cor	porations		
	COGAL IN	IVEST, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	· ·	
Please return	all correspo	endence concerning this matter	to the following:	
		Lorene Seeler Young		
		Lorene Seeler Young, P.A	Name of Person	<del></del>
		9124 Griffin Road	Firm/Company	
		Cooper City, Florida	Address	<del></del>
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	tification)
For further in	oformation c	oncerning this matter, please c	all:	
Lorene Seele	r Young or	Emily Cruz	954 585-3967 at ( )	
Name of Person			me Telephone Number	
Enclosed is a	check for ti	he following amount:		
\$25.00 F	iling 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)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

2010 SEP 19 AM 10: 36

### COGAL INVEST, LLC

(Name of the Limited Limitity Co. (A Formin Limit	many as it now anne ted Lisbility Company	ars on our records)	<del></del>
The Articles of Organization for this Limited Liability Comp.	any were filed on _	May 28, 2013	and assigned
Plorida document number <u>L13000077122</u>			-
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	lability Company," the	designation "LLC" or the abi	provistion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
			*
Enter new mailing address, if applicable:		<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del> :	<u></u>	
		<del></del>	3:
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address o here:	on our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Buter Florida street address		
		, Florida	
New Registered Agent's Signature, if changing Registered Age	αţ		Zip Code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compleacept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	agree to act in this lete performance o as provided for in	of my duties, and I am for Chapter 605, F.S. Or,	miliar with and If this document is
accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off	as provided for in	Chapter 605, F.S. Or,	f this document is

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION OF

Page 1 of 3

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 nerson, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Litte	Name	Address	Type of Action
MGR	MARTINE ROSSILLON	9190 BISCAYNE BLVD #202	D Add
		MIAMI SHORES, FL 33138	D(Remove
			D Change
MGR	LA CHENAIE HOLDING, LLC	1319 ST. CHARLES AVE	D Add
		NEW ORLEANS, LA 70130	D(Remove
			D Change
MGR	COSMO MANAGEMENT, LLC	9190 BISCAYNE BLVD #202	O A4d
		MIAMI SHORES, FL 33138	ZŽ Remove
			O Change
		<del></del>	D Add _
			D Remove
			Change
	·		
			C Remove
			D Clarge
			D Add
			CI Remove
			Ссыць

, ,	•	use real property and for any	
and all other lawful purposes	i. The company shall be M.	anager-Menaged.	
ARTICLE V OF THE ARTIC	LES OF ORGANIZATION I	S AMENDED TO READ:	
The name and address of the			<del></del>
Suzanne Rossillon		<u> </u>	<del></del>
1410 Contance Street, New	Orleans, LA 70130		<del></del>
			<del>,</del>
		<u>.</u>	
			····
· · · · · · · · · · · · · · · · · · ·			<u>.</u>
tive date, if other than the da Octive date is listed, the date must be If the date inserted in this block ment's effective date on the Depar	specific and exmost be prior to date does not meet the applicable at	of filing or more than 90 days after fil anatory filing requirements, this d	ing.) Pursuant to 605
cord specifies a delayed ef a 90th day after the record	fective date, but not an e	effective time, at 12:01 a.r	n. on the earli
September 4	<u>, 2019</u> .	Die	
Sig	patture of a mamber or sufferined r	epresembetivo of a member	<del></del> -

Page 3 of 3

Filing Fee: \$25.00