L14000024274

(Requestor's N	lame)	
(Address)		
(Address)		
(City/State/Zip	/Phone #)	
	·	
PICK-UP WA	AIT MAIL	
(Business Enti	ty Nama)	
(Dusiness Enti	ty Name)	
(Document Number)		
•		
Certified Copies Certi	ficates of Status	
Special Instructions to Filing Office	er:	
,		
•		

Office Use Only



900259616179

04/30/14--01001--019 **25.00

Shericity Action and the second secon

DIA APR 28 FR & OI

14 APR 29 PM 4: LS

T. Suren APR 3.0 2011

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

Cozy Concepts, LLC	2		
		·	
			Art of Inc. File
-Minney			LTD Partnership File
		İ	Foreign Corp. File
			L.C. File
		-	Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
		}	Corp Record Search
			Officer Search
			Fictitious Search
Signature		····	Fictitious Owner Search
J.g.iaia.			Vehicle Search
		·	Driving Record
Requested by: Seth	04/29/14		UCC 1 or 3 File
Name		 Гime	UCC 11 Search
1401110	Date	i mile	UCC 11 Retrieval
Walk-In	Will Pick Up _		Courier

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is:__ COSY CONCEPTS, LLC The Florida Document number of the limited liability company is: L14000024274 SECOND: THIRD: Document to be corrected is: **Articles of Correction** (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT 7 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Cosy Concepts, LLC corrected name was listed incorrectly, the correct name should be listed as: Cozy Concepts, LLC 548,2240 <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>or</u> The electronic fransmission of the record was defective. 04/29/14 Signature of Authorized Representative Date

> Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)