L14600 11557

(D)		
) H	equestor's Name)	
(Δ.	ddress)	
(/ 11	201033)	
(Ac	ddress)	- 11
(Ci	ty/State/Zip/Phone #	\$)
PICK-UP	WAIT.	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
·2	*	
•	Office Use Only	



300265208973

10/10/14--01032--018 **25.00



" SHANELS OCT 1 2 SAM"

COVER LETTER . .

TO: Registration Section Division of Corporations		· •	•	
SUBJECT: COSC		Pottation ited Liability Company	uc	
The enclosed Articles of Amendme	nt and fee(s) are sub	mitted for filing.		
Please return all correspondence co	ncerning this matter	to the following:		
	Jol	nanna Posa	ada	
	Cosa	Transporta Firm/Company	tion LL	<u>c</u>
<u>18</u>	245 NW	68th Ave a	#51O	
	Hatean	FL 33015 City/State and Zip Code	5	
	Joa.+a. E-mail address: (ride hotmai	port notification)	<u> </u>
For further information concerning	this matter, please ca	all:		
Johanna Pos	ada	at (<u>786)</u> 5	67-228	
Name of Person		Area Code	Daytime Telephor	ne Number
Enclosed is a check for the followi	ng amount:			
\$25.00 Filing Fee \$30	.00 Filing Fee & crtificate 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COSA	TRANSPORTATION LL	
(<u>Name of the Limited</u>) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number _LI400011	ility Company were filed on $\frac{7 29 20}{8597}$	○ H and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
registered agent and/or the new registered offic	registered office address on our records, <u>enter</u> e address here:	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address, Florida	
New Registered Agent's Signature, if changing Reg	•	Cap Code
		

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Johanna Posoda	18245 NW 68th Ave 45 Hatean FL 33015	₽Add
			□ Remove
AMBR	Johanna Posada	18245 NW 68th AVE #510 Halean FL 33015	Add
			Remove
AMBR	Johan S. Toro	1029 Euclid Ave Mlami Beach FL 33139	Add
			□ Remove
			Add
			Reflore AME
			Add The Remove
			_
			_□ Add
			_□ Remove

effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) ted OCHORON 6 , 2014 .		
ate this document is filed by the Florida Department of State) d OCHO DEV 6 , 2014 . Schan S. To O		
the this document is filed by the Florida Department of State) d October 6, 2014.		
te this document is filed by the Florida Department of State) October 6, 2014. Schan 5. To 70		
the this document is filed by the Florida Department of State) 1 OCTOBER 6 , 2014 . Solvan 5. To ro		
Johan S. Toro	tive date, if other the	an the date of filing: (optional)
Schan S. Toro		
	ate this document is filed b	by the Florida Department of State)
Signature of a member or authorized representative of a member	ate this document is filed b	by the Florida Department of State)
10NAN S. 1010	ate this document is filed b	by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

14 OCT 10 AMIN: 41