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(City/State/Zip/Phone #)

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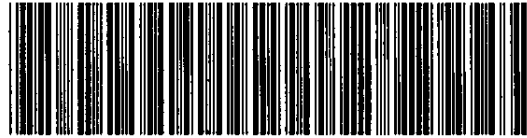
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 15 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cosa Transportation 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:

Johanna Posada

Name of Person

Cosa Transportation LLC

Firm/Company

18245 NW 68th Ave #510

Address

Hialeah FL 33015

City/State and Zip Code

Joa.faride@hotmail.com

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

For further information concerning this matter, please call:

Johanna Posada

Name of Person

at (786) 567-2289

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

COSA TRANSPORTATION LLC

The Articles of Organization for this Limited Liability Company were filed on 7/29/2014 and assigned Florida document number L14000118597.

Page 1 of 3

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 = Authorized Member

Title	Name	Address	Type of Action
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MGR	Johanna Posada	18245 NW 68th Ave #510 Hialeah FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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AMBR	Johanna Posada	18245 NW 68th Ave #510 Hialeah FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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AMBR	Johan S. Toro	1029 Euclid Ave Miami Beach FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 6, 2014.

Johan S. Toro

Signature of a member or authorized representative of a member

Johan S. TORO

Typed or printed name of signee

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Filing Fee: \$25.00

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