

L/4000 186 290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

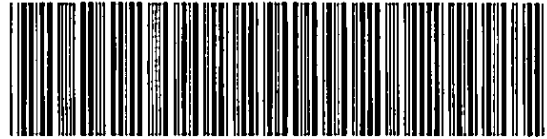
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/28/18--01010--007 **25.00

JAN 10 2019
S. YOUNG

FILED
18 DEC 28 PM 6:29
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cozy Enterprises 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:

Mark Dorsten

Name of Person

Cozy Enterprises LLC

Firm/Company

704 Ella Avenue

Address

Inverness, FL 33450

City/State and Zip Code

mdorsten@mac.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mark Dorsten

239

849-2949

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

Cozy Enterprises 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 12/05/2014 and assigned
Florida document number 114000186290.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dorsten Claims LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

653 W 23rd Street

#242

Panama City, FL 32405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

653 W 23rd Street

#242

Panama City, FL 32405

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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:

- Same -

New Registered Office Address:

653 W 23rd Street, #242

Enter Florida street address

Panama City

Florida 32405

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> |
|--------------|------------------------|--|--|
| MGRM | Mark C Dorsten | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 653 W 23rd St, #242 Panama City, FL 32405 | <input checked="" type="checkbox"/> Change |
| MGRM | Segunda Esther Dorsten | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 653 W 23rd St, #242 Panama City, FL 32405 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[illegible]

(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.

Signature of a member or authorized

Mark Dorsten

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Filing Fee: \$25.00