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(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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D SCOTT JUL 17 2017

COVER LETTER

TO: Registration Section Division of Corporations

O 1 1 22 1 22 7 7 7 7 7	GSWELL LLC		
SUBJECT.	Name of Lin	ited Liability Company	 _
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	David C. Koch, Trustee		
		Name of Person	
	1729 COGSWELL LLC		
		Firm/Company	
	PO Box 542307		
		Address	····
	Merritt Island, FL 32954-2	2307	
		City/State and Zip Code	.
	casalomaholdings@gmail.c	to be used for future annual report notific	
For further information	concerning this matter, please c		Cattory
David C, Koch, Trustee	e	321 258-5503	
Name	of Person	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)
Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

1729 COGSWELL LLC

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear la Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability C	Company were filed on	01/30/2015	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company he	<u>ere</u> :		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET ADD.	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		our records, ente	er the name of the n	
New Registered Office Address:				
New Registered Office Address.	Enter Flor	ida street address		
		. Florida	, Florida	
	City		Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of igent as provided for in C ed office address, I hereb	my duties, and I am Thapter 605, F.S. O	n familiar with and r, if this document is	
	Train to the second		N	
	 If Changing Registered Ag 	ent, <u>Signature of New</u>	kegistered Agent	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	KOCH, VERNON R, Trustee	635 SOMMERS HAMMOCK LAY	
		MERRITT ISLAND, FL 32953	■ Remove
			☐ Change
	<u></u>		□ Add
			□ Remove
			Change
		□ Remove	
		☐ Change	
		<u> </u>	Add
			□ Remove
		☐ Change	
		Add	
		□ Remove	
		Change	
		Add	
			Remove
			□ Chappe

 -	
*	
Note: If the d	tif other than the date of filing:
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: lay after the record is filed.
Dated	2017
Dated	
	Signature of a member or authorized representative of a member
Da	rid C. Koch, Trustee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00