

L15 000042545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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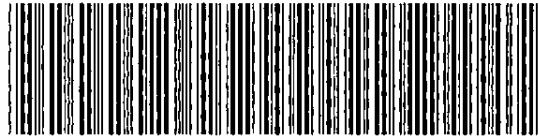
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: COZY PRODUCTIONS LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID T CASERTA
Name of Person
CASERTA & SPIRITI
Firm/Company
7850 NW 146th St. Suite 508
Address
Miami Lakes, FL 33016
City/State and Zip Code
INFO@CSGFIRM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID T CASERTA 305 4638808
Name of Person at () 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COZY PRODUCTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 03/09/2015 and assigned
Florida document number L15000042545.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

7850 NW 146th St. Suite 508

Miami Lakes, FL 33016

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

7850 NW 146th St. Suite 508

Miami Lakes, FL 33016

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:

New Registered Office Address:

7850 NW 146th St. Suite 508

Enter Florida street address

MIAMI LAKES

City

Florida 33016

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

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MAR 17 PM 3:28
CLERK OF STATE
TALLAHASSEE, FL

R = Manager
BR = Authorized Member

BR = Authorized Member

BR DAVID T CASERTA 7850 NW 146th St, Suite 508 ☐ Add

Miami Lakes, FL 33016 ☐ Remove

Change

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

☐ Add

[Remove](#)

_____ ☐ Change

_____ ☐ Add

[Remove this item](#)

_____ ☐ Change

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Change

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_____ ☐ Change

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

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

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

f 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.

Dated October 11 , 2024 .



Signature of a member or authorized representative of a member

David Caserta

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FL

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