L16000 125695

(Requestor's Name)	
(Address)	500288636655
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	50028363665 08/04/1601019010 **25.00
(Document Number)	
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COVER LETTER

TO:	Registration Se Division of Cor			
AT 1 15 Y	n com	COS 21	3, LLC	
SUBJI	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		RITA JACKMAN		
			Name of Person	
		POWELL, JACKMAN, ST	EVENS & RICCIARDI, PA	
			Firm/Company	
		4575 VIA ROYALE, SUIT	`E 200	
			Address	
		FORT MYERS, FL 33919		
			City/State and Zip Code	
		rjackman@your-advocates.c	-	
		E-mail address: (t	o be used for future annual report notific	cation)
For fu	ther information co	oncerning this matter, please ca	ll:	
RITA	JACKMAN		239 689-1096 at ()	
•	Name o	f Person	at ()	Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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

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

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COS 213, LLC

(Name of the Li	mited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	AMASSEE. FLORIDE
The Articles of Organization for this Limited Florida document number L16000125695	Liability Company were filed on JUNE 30, 2016	and assigned
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	e of the limited liability company here:	
The new name must be distinguishable and contain th	e words "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if app	olicable:	
(Principal office address MUST BE A STRI	EET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	CE BOX)	
B. If amending the registered agent an registered agent and/or the new registered	nd/or registered office address on our records, <u>en</u> l office address here:	ter the name of the n
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Futov Florida atrest address	
	Enter Florida street address , Florida	

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>	Address	Type of Action
AMBER	YOKE LAN YAP	728 SW PINE ISLAND ROAD	■ Add
		SUITE 4	☐ Remove
		CAPE CORAL, FL 33991	Change
			Add
			Remove
			Change
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		<u>. </u>	TRemove THE Change
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