

L16000216908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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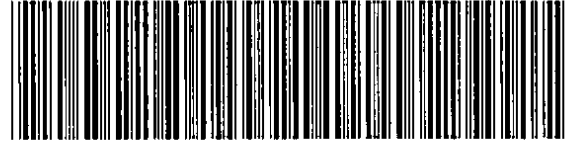
(Business Entity Name)

(Document Number)

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MAR 19 2020

2020 FEB 27 AM 9:56

Amend &
N/C

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHOLEY HAIR COMPANY

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:

ALFRICA ROBINSON

Name of Person

COZMO BEAUTE LLC

Firm/Company

2050 COLLIER AVE 105

Address

FORT MYERS FL 33901

City/State and Zip Code

COZMOBEAUTE.COM

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

For further information concerning this matter, please call:

ALFRICA ROBINSON

239 671-9601
at ()

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)

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

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

CHOLEY HAIR COMPANY, 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 11/29/2016 and assigned
Florida document number L16000216908.

This amendment is submitted to amend the following:

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

COZMO BEAUTE 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)

1645 PALM BEACH LAKES BLVD

STE 220

WEST PALM BEACH FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8392 HERITAGE CLUB DR

WEST PALM BEACH FL 33412

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:

DAVID WILSON

New Registered Office Address:

8392 HERITAGE CLUB DR

Enter Florida street address

WEST PALM BEACH

City

Florida 33412

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.

David Wilson
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>
PRES	ALFRICA ROBINSON	2050 COLLIER AVE	<input type="checkbox"/> Add
		STE 105	<input checked="" type="checkbox"/> Remove
		FORT MYERS FL 33901	<input type="checkbox"/> Change
AMBR	XZARIA GREEN	2050 COLLIER AVE	<input type="checkbox"/> Add
		STE 105	<input checked="" type="checkbox"/> Remove
		FORT MYERS FL 33901	<input type="checkbox"/> Change
AMBR	ALFRICA ROBINSON	2050 COLLIER AVE	<input type="checkbox"/> Add
		STE 105	<input checked="" type="checkbox"/> Remove
		FORT MYERS FL 33901	<input type="checkbox"/> Change
PRES	DAVID WILSON	DAVID WILSON	<input checked="" type="checkbox"/> Add
		8392 HERITAGE CLUB DR	<input type="checkbox"/> Remove
		WEST PALM BEACH FL 34412	<input type="checkbox"/> Change
AMBR	DAVID WILSON	DAVID WILSON	<input checked="" type="checkbox"/> Add
		8392 HERITAGE CLUB DR	<input type="checkbox"/> Remove
		WEST PALM BEACH FL 34412	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

DAVID WILSON IS THE 100% OWNER AND OPERATOR OF COZMO BEAUTE

E. Effective date, if other than the date of filing: 01/02/2020 (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.

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.

Dated FEBRUARY 20 2020

Africa Robinson
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ALFRICA ROBINSON

Typed or printed name of signee

Filing Fee: \$25.00