

L17000061381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300297547253

04/07/17--01025--004 **25.00

APR 10 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 17 PM 2:44

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kosmima 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:

ANNA MANUKYAN

Name of Person

ROCKET LAWYER

Firm/Company

5850 GRANITE PKWY SUITE 215

Address

PLANO, TX 75024

City/State and Zip Code

linda@intouchmarketing.us

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

For further information concerning this matter, please call:

ANNA MANUKYAN

844

286-0178

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 APR 17 PM 2:44

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Kosmima 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 03/16/2017 and assigned
Florida document number L17000061381.

This amendment is submitted to amend the following:

A. 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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

_____, **Florida** _____
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>
AMBR	ANATOLA CEFIAL	1449 WETHERINGTON WAY	<input type="checkbox"/> Add
		PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anatola Cefail	1449 WETHERINGTON WAY	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROBERT CEFIAL	1449 WETHERINGTON WAY	<input type="checkbox"/> Add
		PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert Cefail	1449 WETHERINGTON WAY	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 APR 17 PM 2:45

[illegible]

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 APR 17 PM 2:45

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.

Dated April 3, 2017

Linda Batdorf

Typed or printed name of signee