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COVER LETTER

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ento (PZEF.		Investments, LLC.			
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Sheri L. More, Manager			
		Cozy Home Investments, I	Name of Person LLC.		
Firm/Company					
		18448 Milton Keynes Ct.			
			Address	***************************************	
		Land O Lakes, FL. 34638			
		City/State and Zip Code mimiteri6@yahoo.com			
		E-mail address: (to be used for future annual report notifi	cation)	
For further i	information co	oncerning this matter, please ca	all:		
Sheri L. Mc	ore		813 477-2616		
	Name of	Person		Telephone Number	
Enclosed is	a check for th	e 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:

TO:

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

TO ARTICLES OF ORGANIZATION

OF

Cozy Home Investments,LLC.					
(Name of the Lim	ited Liability Company as i (A Florida Limited Liabilit	i <mark>t now appears on our i</mark> y Company)	records.)		
The Articles of Organization for this Limited 1		filed on 11/15/17		_ and assig	gned
Florida document number 1.17000236459	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability c	ompany here:			
The new name must be distinguishable and contain the	words "Limited Liability Co.	mpany," the designation	"LLC" or the abbrev	viation "L.L	.C."
Enter new principal offices address, if appli	cable:			·	
(Principal office address MUST BE A STRE	ET ADDRESS)			19	
				=== -	•••
			7.1.	165	
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·	¹ / ₂	77
••				2 - 5 - 2 2 - 5 - 2 2 - 5 - 2)
(Mailing address MAY BE A POST OFFICE	<u> </u>			. 9.	
				:	
B. If amending the registered agent and registered agent and/or the new registered of	• • • • • • • • • • • • • • • • • • • •	address on our re	cords, enter the	e name o	f the
Name of New Registered Agent:	Same				
New Registered Office Address:	6946 Old Pasco Rd.	# 76			
		Enter Florida street e	uddress		
	Wesley Chapel		_, Florida		
	C	Tity		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 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 i 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> Edward Blake More	Address 18448 Milton Keynes Ct, Land O	Type of Action
MGR		Lakes, FL 34638	□ Add
			☐ Remove
			Change
			Remove
			☐ Change
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	,		
Effective date, if other than the	e date of filing:	(optional) ate of filing or more than 90 days after filing.) Pu	irsuant to 605 0207 (
Note: If the date inserted in this b	block does not meet the applicable	statutory filing requirements, this date wil	I not be listed as
document's effective date on the I	Department of State's records.		
		effective time, at 12:01 a.m. on	the earlier of:
The 90th day after the re	cord is filed.		
Inly 24	2019		
Dated			
\sim 7	·		
_ ' l	Signature of a member or authorized	d representative of a member	
	Comment of the state of the sta	,	
Teri S. Stanton			
	Typed or printed nat	me of signee	

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

Page 3 of 3

Filing Fee: \$25.00