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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COGSACI Boto's 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:
Amanda Seegobin
COOSTA BOTO LLC Firm/Company
Elle E 14th Ave Address
New Smyna Beach, FL 32169 City/State and Zip Code
E-mail address: (to-be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\sigma\$ \$25.00 Filing Fee \$\sigma\$ \$30.00 Filing Fee & Certificate of Status \$\sigma\$ Certificate of Status \$\sigma\$ Certified Copy (additional copy is enclosed) \$\sigma\$ \$\si

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

<u> </u>	LLC
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	January 3, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
Coasta Cosmitics L	-C.
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	A SECOND
(Principal office address MUST BE A STREET ADDRESS)	1
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Enter new mailing address, if applicable:	95. 65
(Mailing address MAY BE A POST OFFICE BOX)	2. 3
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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an ef ote:	ive date, if other than the date of filing: (optional) fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e an	iche's effective date on the Department of State's fectors.
The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.
ated	Februing 20 . 2018.
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Page 3 of 3

Filing Fee: \$25.00