

LE000100221

(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



100319213631

10/15/16--01002--027 **25.00

and
LJ
10.22.18

FILED
2018 OCT 15 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Coshi 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:

Maria Alfonso
Name of Person
Coshi LLC
Firm/Company
185 SW 7th St. Apt. 2012
Address
Miami, Florida 33130
City/State and Zip Code
sales@coshibaby.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Alfonzo at (305) 7996680

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

Coshi LLC

RECORDS RELIANT OF STATE
TALLAHASSEE, FL

Page 1 of 3

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>
P	Carmen E. Rojas	185 SW 7th St. Apt. 2012,	<input type="checkbox"/> Add
		Miami, Fl 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
COO	Maria Alfonzo	185 SW 7th St. Apt. 2012,	<input type="checkbox"/> Add
		Miami, Fl 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
V	Maria Victoria Alfonzo	185 SW 7th St. Apt. 2012,	<input type="checkbox"/> Add
		Miami, Fl 33130	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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.

Dated October 2 2018

Maria Alfonzo

Filing Fee: \$25.00