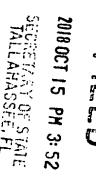
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## **COVER LETTER**

то:	Registration Se Division of Cor	ction porations			
end ie	Coshi LLC				
SUBJE	CI:	Name of Lim	ited Liability Company		
The enc	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please	eturn all correspo	ndence concerning this matter	to the following:		
		Maria Alfonzo			
	Name of Person				
		Coshi LLC		Firm/Company  Address  //State and Zip Code  sed for future annual report notification)  at (	
Firm/Company					
185 SW 7th St. Apt. 2012					
			Address		
		Miami, Florida 33130			
			City/State and Zip Code	<del>.</del>	
Address Miami, Florida 33130					
For furt	ther information co	ncerning this matter, please ca	•	ication)	
Maria .	Alfonzo				
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
<b>=</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy	

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

FILED

Coshi LLC

2018 OCT 15 PM 3: 52

(Name of the Limited Liability (A Florida	Company as it now appears on our rectr Limited Liability Company)	DE TARE OF STATE RELAHASSEE, FL
The Articles of Organization for this Limited Liability Co	ompany were filed on April 20, 2018	and assigned
Florida document number 1.18000100221		<del>-</del>
This amendment is submitted to amend the following:	_	
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
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:		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or regist	ered office address on our record	ls, enter the name of the no
registered agent and/or the new registered office addr	ess here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addro	
	, <b>F</b>	lorida
New Registered Agent's Signature, if changing Registered		<i>7.17 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\</i>
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confect the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capacity. I fi Implete performance of my duties, a Tent as provided for in Chapter 605,	and I am familiar with and , F.S. Or, if this document is
	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>	Address	Type of Action
P	Carmen E. Rojas	185 SW 7th St. Apt. 2012,	
		Miami, Fl 33130	□ Remove
			☐ Change
COO	Maria Alfonzo  Miami, Fl 33130  Maria Victoria Alfonzo  185 SW 7th St. Apt. 2012.  Miami, Fl 33130	Add	
			☐ Remove
			E Change
v	Maria Victoria Alfonzo	185 SW 7th St. Apt. 2012,	
		Miami, FI 33130	Remove
			■ Change
			Add
			□ Remove
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f <b>fect</b> f an eff <u>Note:</u> locum	effective date, if other than the date of filing:  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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not a ment's effective date on the Department of State's records.	nt to 605,0207 (, be listed as th
e rec The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the se 90th day after the record is filed.	earlier of:
	d October 2 2018	
ated_		
ated _	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00