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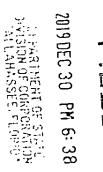
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JAN 3 0 2020 S. YOUNG

## **COVER LETTER**

TO: Registration S Division of Co		•	<i>,</i>
Cosmic Ir SUBJECT:	ndustries, ÈLC		e.
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Burl F. Paulk		
		Name of Person	· . <del></del> -
	Cosmic Industries, LLC		
		Firm/Company	
	4463 Davis Street		
		Address	
	Marianna, FL 32446		
		City/State and Zip Code	
	frankie.paulk@hotmail.con	n to be used for future annual report not	itication)
For further information	concerning this matter, please c	·	,
Burl F. Paulk		850 428-0281	
Name	of Person	at () Area Code Daytin	ne 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 Addre Registration		<u>Street Address:</u> Registration Se	ection

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cosmic Industries, 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 10/08/2018 L18000237720 Florida document number 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing uddress 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

## 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>	Address	Type of Action
MGR	Scott Reid	761 South 3rd Avenue	□Add
		Hanford, AL 36344	■Remove
			□Change
			□ Remove
			Change
			□Add
			□ Remove
		<del></del>	□ Change
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				<del></del>
Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	the specific and cannot be prior ock does not meet the applic	r to date of filing or more cable statutory filing r	than 90 days after filing.)	Pursuant to 605.020 will not be listed a
e record specifies a delayed effective rd is filed.	: date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) The	: 90th day after the
Dated	2019		_	
Jaica	<del></del> ,	<u> </u>	)	
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Filing Fee: \$25.00