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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Corpo | orations | | |
|------------------------------|---|---|--|
| SUBJECT: COSW | 12 Construction Name of Limit | OM COMPA ted Liability Company | ny LLC |
| The enclosed Articles of A | mendment and fee(s) are subr | nitted for filing. | |
| Please return all correspond | dence concerning this matter t | to the following: | |
| | Carlos A. | COSUME UC Name of Person | <u>-9a</u> |
| | · | Firm/Company | |
| | 2735 N | Monroest. | |
| | | City/State and Zip Code Quantity Com Que used for future annual report in | |
| For further information cor | ncerning this matter, please ca | ill: | |
| Name of I | Person | at () Area Code Day | rtime 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:

TO:

Registration Section

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

| Cosuc Construct | 4'on Company [L | <u>C</u> ~ |
|--|---|---------------------------------|
| (Name of the Limited (A | Liability Company as it now appears on our record Florida Limited Liability Company) | ds.) |
| The Articles of Organization for this Limited Liab | oility Company were filed on 12/14/3 | |
| This amendment is submitted to amend the follow | ring: | بر س |
| A. If amending name, enter the new name of the | he limited liability company here: | |
| | | |
| The new name must be distinguishable and contain the wor | ds "Limited Liability Company," the designation "LLG | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | ole: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>OX)</u> | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | is, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addre | ess |
| | | lorida |
| | 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

| AMBR = A | uthorized Member | | |
|-------------|------------------|--|----------------|
| Title | <u>Name</u> | <u>Address</u> | Type of Action |
| <u>AMBR</u> | Carlos A. Cosme | 2735 N Monsoc St Tallahassee FZ 32303 | , Add |
| | | Tallahussre FL 32303 | □ Remove |
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| te, if other than the da | ite of filing: | | | (optional) |) | |
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| | | but not an effe | ective time, at | : 12:01 a.m. | on the ea | arlier of: |
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Page 3 of 3

Filing Fee: \$25.00