L19000217039

(Requestor's	Name)
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(City/State/Z	ip/Phone #)
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(Document I	Number)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 51:10 Cosine Food Services 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:	
Vancos VIII Globos Name of Person	_
Firm/Company	_
1109 Dainaby Way Address	_
City/State and Zip Code	- 19.0
E-mail address: (to be used for future annual report notification)	6-100 6-100 7-100 11-10
For further information concerning this matter, please call:	
1/anossa Uillalabos ar (407) 7168225	OF STATE
Name of Person Area Code Daytime Telephone Number	17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &

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

(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 Florida document number <u>L 19000 217039</u> 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 "L.L.C." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
A1762 Vaneosa Vil	Vanessa Villa lobos	1109 Dainaby way Orlando	Add
		41. 32824	Remove
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. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	·
(If an effec <u>Note:</u> If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	october 7in, 2019.
	Signature of a member or authorized representative of a member
	Vanesso, Villabos H. Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00