## 1200000 38384

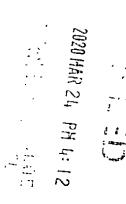
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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MAR 25 2020

## **COVER LETTER**

TO:

Registration Section

Division of Cos	porations			
		.C		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Name of Person  Area Code  Daytime Telephone Number  closed is a check for the following amount:    \$25.00 Filing Fee			
Please return all correspo	ondence concerning this matter	to the following:		
	Danielle Tabino			
	Name of Person			
	GET COZY OF CORAL	SPRINGS, LLC		
	<del></del>	Firm/Company		
	4129 NW 88TH AVENU	E #104		
	•	Address		
	Address  CORAL SPRINGS, FL 33065  City/State and Zip Code			
		City/State and Zip Code		
	E mail without	to be used for times around move to	artitorium)	
For further information c			ottileanon)	
Catherine Shaw	smeeting in a manera preside t			
	a Person			
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Registration ?	Section forporations 17	Registration S Division of C The Centre of	orporations	
		Tallahassee, F	FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GET COZY OF CORAL SPRINGS, LLC			
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.) (ability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L20000038384	were filed on January 31, 2020	and a	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabile.  The new name must be distinguishable and contain the words "Limited Liabili"	lity company here:	2020 H	) }
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation	<u> </u>
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			D Ive
			7,50
		;;rri	$\overline{\omega}$
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u>-</u>	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me of the n	ew registere
Name of New Registered Agent:			
New Registered Office Address:			
iven registered office radicas.	Enter Florida street oddress	<del></del>	
	Florida		
	Ciţ	Zip Cod	li
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pe being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and Landrovided for in Chapter 605, F.S. Oi	i familiar w r. if this doc	eith and cument 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
MGR	Danielle Tabino	4129 NW 88TH AVENUE #104	<b>=</b> Add
		CORAL SPRINGS, FL 33065	□Remove
			□Change
			ZDAdd ZD20 HAIT 24
			بيد المجاول ال
			□ <b>স্তু</b> d ্রি □Remove
			☐ ☐ Change
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	<u> </u>		
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	<ul> <li>date of filing or more than 9</li> </ul>		
e record specifies a delayed effective date, but not an effective tim rd is filed.	ie, at 12:01 a.m. on the ear	rlier of: (b) The 90th	day after the
Dated February 24. 2020	_·		
Signature of a member or authori	ized representative of a mem	her	

Filing Fee: \$25.00