## 12000053154

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 195356 5156901 AUTHORIZATION : COST LIMIT ORDER DATE: February 27, 2020 ORDER TIME : 9:43 AM ORDER NO. : 195356-005 CUSTOMER NO: 5156901 DOMESTIC AMENDMENT FILING NAME: COSAIR MANAGEMENT LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT \_\_\_\_ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COSAIR MANAGEMENT LL	.C	
(Name of the Limited Liability Company as it now app. (A Florida Limited Liability Company	cars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	2/20/2020	and assigned
Florida document number L20000053154		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	
CORSAIR MANAGEMENT LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<del>_</del>	
P.,		2020
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		C5 (7
B. If amending the registered agent and/or registered office address on our	records, enter the n	ame of the new registered
agent and/or the new registered office address here:		
		7
Name of New Registered Agent:	·	<del></del>
New Registered Office Address:		
	orida street address	
	D11.1.	
	, Florida	

## 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

Zip Code

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
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(If an effe Note:	ve date, if other than the certive date is listed, the date must If the date inserted in this bloent's effective date on the De	be specific and cannot be prior ck does not meet the applic	able statutory filing rec	(optional) han 90 days after filing.) Pursi quirements, this date will r	uant to 605,0207 ( not be listed as t
he record ord is file	d specifies a delayed effective ed.	date, but not an effective t	ime, at 12:01 a.m. on th	ne earlier of: (b) The 90(l	i day after the
Dated _	February 27	2020			
		1>1 Luna Signature of a member or auth	n Aprel		
		Signature of a member or auth	orized representative of a	member	<del></del>

Filing Fee: \$25.00