## L20000185200

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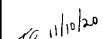
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## **COVER LETTER**

Div	ision of Corp	orations	1 4	
CLID ICAT.	KOZY MIN	KZ, LLC.		
лованст.	-	Name of Lim	ited Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Takayla Farquharson		
			Name of Person	
		KOZY MINKZ, LLC.		
			Firm/Company	
		7117 Mandarin Dr.		
			Address	
		Orlando, FL. 32819		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	nformation co	neerning this matter, please ca	all;	
Takayla Far	quharson		407 607-0503	
	Name of	Person	at () Horr-0503	Telephone Number
Enclosed is a	n check for the	e following amount:		
■ \$25.00 F	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 tadditional copy is enclosed)
Ma	iling Address	<u>:</u>	Street Address:	

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

TO:

Registration Section

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

KOZY MINKZ, LLC.

(Name of the Limited Liantity Compa (A Florida Limited I	ny as it now appears on our r liability Company)	ecoras.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000185200}{1.0000185200}$ .	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7117 Mandarin Dr.		
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL. 32819	320	
		C 00	
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
		<u> </u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>e</u>	nter the name of the new registered	
New Registered Office Address:	Enter Florida street a	uddress	
	. Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutic provided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document 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	Takayla Farquharson	7117 Mandarin Dr. Orlando, Fl., 32819	🗆 Add
			t√Remove
			Change
AMBR	Takayla Farquharson	7117 Mandarin Dr. Orlando, FL. 32819	<b>=</b> Add
			□Remove
			□Change
			□ Add
			Петюче
			□Change
			□Add
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Effective date, if other than the (If an effective date is listed, the date mus. Note: If the date inserted in this bl document's effective date on the D	at be specific and cannot ock does not meet the	be prior to date of fi applicable statut	ling or more than 90 da	ys after filing.) I	Pursuant to 605 fill not be list	5.0207 ( ed as ti
he record specifies a delayed effectivord is filed.	e date, but not an effe	ective time, at 12:	01 a.m. on the earlie	r of: (b) The	90th day afte	t the
Dated September 24th						
	Toback	a Faranka				
	rakage	er acquia	rson			
<del></del>	Takayle Signature of a member	or authorized repre	sentative of a member			

Filing Fee: \$25.00