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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: FCIKOC LIHIE C. Name of Limited	COSCITING Company	LC
The enclosed Articles of Amendment and fee(s) are submit Please return all correspondence concerning this matter to		
- Falan	Name of Person	
Falanal	SHE COSC Firm/Company	othing LLC
N 8208_	W96th Te	mace Apt 108
_	FL, 33321 City/State and Zip Code  Cymcyl, Combe used for future annual report not	) ification)
For further information concerning this matter, please call	l:	
Falcin & LHHR Name of Person	at (954) 635 Area Code Daytin	ne Telephone Number
Enclosed is a check for the following amount:  \$\sum{15}\$\$\\$\\$25.00\$ Filing Fee \$\sum \text{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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Falana Little C	COSCHIOCHECCE
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 77170 and assigned
Florida document number <u>LZCX</u> 0213712	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8098 NW 96th Terrace
(Principal office address MUST BE A STREET ADDRESS)	APT 108 Tamarac, F1,33321
Enter new mailing address, if applicable:	3098 NW96th Temace
(Mailing address MAY BE A POST OFFICE BOX)	Apt 108 Tomarac, F1, 33321
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
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	e performance of my duties, and I am familiar with and

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address 323 73 17 All 9: 17	Type of Action
MGR	Tokara Little	8098 NW 96th Tenace	L MAdd
		AP+ 108	□Remove
		Tamarac, FL, 33321	□Change
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	<u> </u>
Effective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be prior to date of fil  Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.0207 ory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:0 d is filed.	01 a.m. on the earlier of: (b) The 90th day after the
Dated August 10 2020.	
Dated August 10 2020.  3020 Signature of a member or authorized representations.	sentative of a member