L20000247117

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration So Division of Co		•			
cun ir		URIER LLC				
SUBJE	CI;	Name of Lin	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for tiling.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		RRUSTEMI, KOSOVE				
			Name of Person			
		COCO COURTER LLC				
			Firm/Company	***************************************		
235 S MCMULLEN BOOTH RD, 48						
		CLEARWATER, FL 3375	9			
			City/State and Zip Code			
		kosi_dr@hotmail.com E-mail address: (to be used for future annual report no	otification)		
For furt	her information c	concerning this matter, please c				
RRUSTEMI, KOSOVE		727 442-1888				
	Name (of Person	Area Code Dayti	me Telephone Number		
Enclose	d is a check for t	he following amount:				
	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)		
	Mailing Addre		Street Address: Registration S	ection		
Registration Section Division of Corporations			Division of Co	orporations		
	P.O. Box 632		The Centre of	Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COCO COURIER LLC (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 $\frac{08/13/2020}{1}$ and assigned Florida document number L20000247117 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COZZY HOMES LLC 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: 235 S MCMULLEN BOOTH RD, 48 (Principal office address MUST BE A STREET ADDRESS) CLEARWATER, FL 33759 Enter new mailing address, if applicable: 235 S MCMULLEN BOOTH RD, 48 (Mailing address MAY BE A POST OFFICE BOX) CLEARWATER, FL 33759 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

_, Florida __

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>	<u>Address</u>	Type of Action
AMBR	RRUSTEMI, KOSOVE	235 S MCMULLEN BOOTH RD, 48	■Add
		LEARWATER, FL 33759	□Remove
			□ Change
			□Add
			□Remove
		<u></u>	□Add
			□Remove
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iote: If the date inserted	than the date of filing: the date must be specific and o d in this block does not me e on the Department of St	eet the applicable statu	filing or more than 90 da tory filing requiremen	(optional) ys after filing.) Pursuant to 6 its, this date will not be li	05.0207 (sted as t
record specifies a delayed is filed.	ed effective date, but not a	n effective time, at 12	:01 a.m. on the earlier	of: (b) The 90th day af	ter the
ated <u>0//18/</u> .	2024		1		
	/ Y	1	/1		
	Signature of a m	ember or authorized repr	resentative of a member		

Filing Fee: \$25.00