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COVER LETTER

SUBJECT:	GAGESOF	T. LLC, a Florida Limited Lial	bility Company	
JOBALET.	-	Name of Lim	ited Liability Company	-
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jeffrey R. Kuhns, Esq.		
			Name of Person	
		Kuhns Law Firm, PLLC		
			Firm/Company	
		425 Cross St., Ste. #312		
			Address	
		Punta Gorda, FL 33950		
			City/State and Zip Code	-
		rcochran@gagesoft.com		
			to be used for future annual report not	ification)
for further in	itormation co	oncerning this matter, please ca	ill:	
Jeffrey R. Kı	uhns		941 205-8000 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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 (additional copy is enclosed)
	ling Address		Street Address: Registration Se	ation.

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

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**

GAGESOFT, LLC, a Florida Limited Liability Company

(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on ou Limited Liability Company)	<u>r records.</u>)	
The Articles of Organization for this Limited Liability Co	mpany were filed on 12/08/202	0 and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
COCHRAN FLORINA HOLDIA	US, LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation	on "LLC" or the abbreviation "	L.L.C.
Enter new principal offices address, if applicable:	###		
(Principal office address MUST BE A STREET ADDRI	ESS) ###		
	###		
	###		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	###		
	###		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: ###	office address on our records	, enter the name of the n	<u>ew registere</u>
New Registered Office Address:	Enter Florida stree	et address	.
###		Florida ###	٠.
	City	, Florida	<u> </u>
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.

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
###	NO CHANGE	###	
	###	□Remove	
			(Change
			□Add
		Change	
		-	□Add
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			Remove
			□Change

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. Effect	tive date, if other than the date of filing: 5-28-2021 (optional)
(If an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
	5-78) 2021
Dated	
	(added) weller

Typed or printed name of signee