# L21000177333

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SECRETARY OF STATE
TALLAHASSEE, FL

Cozy Cot	tage Retreats, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Stephanie M. Spink		
		Name of Person	
	Cozy Cottage Retreats, LL	С	
		Firm/Company	
	5440 SE 21st Lanc		
		Address	
	Ocala, FL 34480		
		City/State and Zip Code	
	CozyCottageRetreats@gma		
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Stephanie M. Spink		352 454-8801	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 (additional copy is enclosed
Mailing Addr Registration Division of P.O. Box 65 Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of 1	rporations

Tallahassee, FL 32303

Registration Section Division of Corporations

TO:

## TO ARTICLES OF ORGANIZATION OF

Cozy Cottage Retreats, 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  $\frac{04/16/2021}{1}$ and assigned Florida document number L21000177333 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 5440 SE 21st Lane Enter new principal offices address, if applicable: Ocala, FL 34480 (Principal office address MUST BE A STREET ADDRESS) P.O. Box 1989 Enter new mailing address, if applicable: Ocala, FL 34478-1989 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the pew agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

#### 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

#### or removed from our records:

### MGR = Manager AMBR = Authorized Member

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lfan offeetiv <u>Note:</u> If tl		must be specific an is block does not:	d cannot be prior meet the applic	able statutory fili	nore than 90 days after	onal) filing.) Pursuant to 605.02 s date will not be listed
e record sp rd is filed.	ecifies a delayed eff	ective date, but no	t an effective ti	ime, at 12:01 a.m	on the earlier of: (b	The 90th day after th
Dated Nov	vember, 17	Tanie 1	2022 April			
	/ 1	Signatu <b>re</b> of a	member or auth-	orized representativ	e of a member	