121000318619

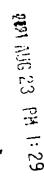
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600372155836

08/28/21--01028--011 **25.00



Ja

COVER LETTER

TO: Registration Se Division of Cor			•
	ANTIC, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAFAELA COZ		
		Name of Person	
	COZ ATLANTIC, LLC		
		Firm/Company	
	8545 BOCA RIO DRIVE		
		Address	
	BOCA RATON, FL 3343.	3	
		City/State and Zip Code	
	ASFLORIDASERVICES@		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	(ification)
RAFAELA COZ		561 9512416 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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 Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	rporations
Tallahassee, I			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ed Liability Company as it now appears on of (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited L. Clorida document numberL21000318619		and assigned
his amendment is submitted to amend the foll	owing:	
a. If amending name, enter the new name o	f the limited liability company here:	
he new name must be distinguishable and contain the v	words "Limited Liability Company," the designat	ion "L.L.C" or the abbreviation "L.L.C."
nter new principal offices address, if applic	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
		6 23
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
If amending the registered agent and/or in gent and/or the new registered office address	•••	s, <u>enter the name of the new regist</u>
Name of New Registered Agent:	RAFAELA COZ	
New Registered Office Address:		
	Enter Florida stre	vet address
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

COZ ATLANTIC, LLC

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>I itle</u>	<u>Name</u>	Address	Type of Action
AMBR	CECILIA R. SCHIAVONE	7606 SOLIMAR CIR	■Add
		BOCA RATON, FL 33433	□Remove
			☐ Change
			□Add
			🗀 Remove
			□Change
			☐Add
		- <u></u>	·
			☐Change :: 29
			□Remove
			□Change
		- · · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

		·			_ 	
					•	
						<u> </u>
						3
						100
					-	- । ।
					•	
					<u>-</u>	
					٠	
			<u></u>		۶۰	<u> </u>
						
		<u> </u>				
ective date, if other than the date of filing:		.=		(optio	nal)	
n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the a	e prior to d applicable	late of filing e statutory	or more than 9 filing require	0 days after i ments, this	filing.) Pu date wil	irsuant to 605,02 I not-be listed
cument's effective date on the Department of State's rec		_				
cord specifies a delayed effective date, but not an effect s filed.	tive time,	, at 12:01 a	.m. on the ca	rlier of: (b)	The 9	0th day after tl
AUGUST 11 2021						
aled AUGUST 11 2021	<u> </u>	1/1/1	A			
AUGUST 11 2021 Signature of a member o		ALA	A	h.ve		

Filing Fee: \$25.00