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| (Address) | 000371632270 |
|---|-----------------------|
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL | |
| (Business Entity Name) (Document Number) | 08/19/2101010011 **25 |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| Received 09107 | ι, |
| Office Use Only 5. C. 04/22/21 | |

N. 1921: 25

2\$21 SEP -7 PM 3:41

August 27, 2021

DENYSS L MARMONA 5363 N.W. WISK FERN CIRCLE PORT ST LUCIE, FL 34986

SUBJECT: COSMIC HUMMINGBIRD LLC

Ref. Number: L21000323882

We have received your document for COSMIC HUMMINGBIRD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 121A00020700

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COVER LETTER

TO: Registration Section

| Division of Cor | rporations | | | |
|----------------------------|--|---|---|---------|
| | HUMMINGBIRD LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | • |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | DENYSS L CARMONA | | | |
| | | Name of Person | | |
| | COSMIC HUMMINGBIR | D LLC | | |
| | | Firm/Company | | |
| | 5363 NW WISK FERN CI | RCLE | | |
| | | Address | | |
| | PORT ST LUCIE, FL 349 | | | |
| | cosmichummingbirdllc@gn | City/State and Zip Code | | \odot |
| | | to be used for future annual report notifi | cation) | |
| For further information of | concerning this matter, please ca | all: | | |
| Denyss L Carmona | | 772 800-9647 | | |
| Name o | of Person | | Telephone Number | |
| Enclosed is a check for t | he following amount: | | | 9, |
| ■ \$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 Addres | | Street Address: Registration Sec | tion | |
| Division of C | Corporations | Division of Corp | oorations | |
| P.O. Box 632 | | The Centre of Ta | | |
| Tallahassee, | FL 32314 | 2415 N. Monroe | Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| COSMIC HUMMINGBIRD LLC | | |
|--|--|------------------------------|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our records. ted Liability Company) |) |
| he Articles of Organization for this Limited Liability Comp | any were filed on JULY 15, 2021 | and assigned |
| orida document number L21000323882 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited l | liability company here: | |
| OSMIC HUMMINGBIRD DESIGNS LLC | | |
| ne new name must be distinguishable and contain the words "Limited L | iability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | 2 | |
| | | |
| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | 0 |
| . If amending the registered agent and/or registered offi gent and/or the new registered office address here: | ice address on our records, <u>enter tl</u> | ne name of the new registe |
| ent and/of the new registered office address here. | Nb. 44. | , |
| Name of New Registered Agent: | | |
| Name of New Registered Agent. | | |
| New Registered Office Address: | Enter Florida street address | |
| | Enter Pional Mreet quaress | |
| | ri | ido 🕟 |
| | , Flor | Zip Code |

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 |
|--------------|------------------|--------------------------|----------------|
| AMBR | Denyss L Carmona | 5363 NW Wisk Fern Circle | 3 0 Add |
| | | Port St Lucie, Fl 34986 | □Remove |
| | | <u></u> | □Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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| <u>Note:</u> I docume | the date, if other than the date of filing: (optional) (introductive 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 fit the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list not's effective date on the Department of State's records. (a) Specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after date. | ed as the |
| 'Dated:_ | 09/02/202) 4: Signature of a member of a member | |
| | Denyss L. Carrona Typed or printed name of signee | |