121000394242

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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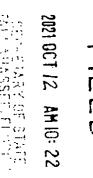
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A RAMSEY

COVER LETTER

TO: Registration Sec Division of Corp			
Cohe	n N Cohen LL	C	•
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Keisha Fran	cis	_
		Name of Person	
	Cohen N Co	hen LLC	
		Firm/Company	
	7901 4th St	N STE 300	
		Address	
	St. Petersbu	irg, FL US 33702	
	## 70 @ h	City/State and Zip Code	
	fkeisha73@yahoo	.COM to be used for future annual report notificati	on)
For further information co	oncerning this matter, please ca		
Keisha Frar	ncis	954, 240-705	53
Name of	<u> </u>		ephone Number
Enclosed is a check for th	e 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection	Street Address: Registration Section Division of Corporation	
P.O. Box 632	7	The Centre of Talla	hassee
Tallahassee, F	·L 32314	2415 N. Monroe St Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Cohen N Cohen LLC

2021 OCT 12 AM 10: 22

(Name of the Limited Liability Company as it now appears on our records.) 1813 (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/03/21 and assigned Florida document number <u>L2</u>1000394242 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... Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 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.

Cin

_. 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>	Name	Address	Type of Action
AMBR	Raymond Seow, Sr	79014ths+N, Ste 300,	X]Add
		79014ths+N; Ste 300, St Petersburg, FL 33702	□Remove
			□Change
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			□Remove
		<u></u>	□Change

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