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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	erprise LLC Dba Yvonne Carol	's LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return an correspo	ondence concerning this matter	to the following.	
	Vernida Shree Cosey		
		Name of Person	
	Cosey Enterprise LLC		
		Firm/Company	
	7500 W Commercial Blvd		
	_	Address	
	Lauderhill, FL 33319		
		City/State and Zip Code	
	VERNIDA.CEO@coseyen	terprise.com to be used for future annual report notification)	2022
For further information of	concerning this matter, please c	·	2022 APR 21
Vernida S Cosey		954 951-2131 at ( )	
Name o	of Person	Area Code Daytime Telephone	e Number
Enclosed is a check for t	he following amount:		, ;
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporation	
P.O. Box 632	2/	The Centre of Tallahasse	ee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cosey Enterprise 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 November 19, 2021 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Yvonne Carol's Bling & Things LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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 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

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Effective date, if other than fan effective date is listed, the date	must be specific and cannot	ot be prior to date of fil	(0 ing or more than 90 days	· <b>ptional)</b> after filing.) Pursuant to 605.020
Note: If the date inserted in th	is block does not meet t	he applicable statuto	ory filing requirements.	this date will not be listed a
document's effective date on the	ie Department of State s	s records.		
e record specifies a delayed effi d is filed.	ective date, but not an ef	Tective time, at 12:0	I a.m. on the earlier of	it (b) The 90th day after the
Dated April 7	20	22		
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Typed or printed name of signee