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T. MATTHEWS MAR 30 2022

COVER LETTER

TO:

Registration Section

Division of Corp	porations			
		VERESORT LLC		
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		ALDO RIVAS SALINAS		
		Name of Person		
		Firm/Company		
	703 S 78TH ST			
		Address		
		TAMPA, FL 33619		
		City/State and Zip Code		
		eser.rivas1999.ar@gmail.com		
	E-mail address: (to be used for future annual report no	tification)	
For further information co	oncerning this matter, please c	all:		
ALDO RIVAS SALINAS		813 447-6608		
Name of	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of		
Tallahassee, F	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	COZYCAVEF	RESORT LLC	22世界17年	3- ZU
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appe Liability Company	ars on our records.)	
The Articles of Organization for this Limited L Florida document number		were filed on _	February 16, 2022	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company l	<u>iere</u> :	
	1 017 10 11 11	F C 84	t i milen i	1 1 2 M 1 C 2
The new name must be distinguishable and contain the		703 S 78TH S	_	obreviation "L.L.C.
Enter new principal offices address, if appli	TAMPA, FL			
Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>	TAMPA, PL	33019	
Enter new mailing address, if applicable:		703 S 78TH S	T	
Mailing address MAY BE A POST OFFICE	TAMPA, FL 33619			
3. If amending the registered agent and/or gent and/or the new registered office addre		address on our	records, enter the nam	e of the new regist
Name of New Registered Agent:	ALDO RIVAS SALINAS			
New Registered Office Address:	703 S 78TH ST	Γ		
		Enter Fl	orida street address	
	TAMPA		Florida ³³	619
		City		Zip Code

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.

Aldo Rivas Salinas
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
MGR	ALDO RIVAS SALINAS	703 S 78TH ST	□Add
		TAMPA, FL 33619	□Remove
			≡ Change
		·	🗖 Add
			Remove
			□Change
			DAdd
		. <u>.</u>	Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Add
			□Remove
			Change

					
					
					
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fan effective dat <u>Note:</u> If the da	e, if other than the date of fi e is listed, the date must be specific ate inserted in this block does n ective date on the Department	and cannot be prior to da ot meet the applicable	te of filing or more than statutory filing requir	(optional) 90 days after filing.) Pursuan ements, this date will not	t to 605.0207 (be listed as t
record specifi d is filed.	es a delayed effective date, but	not an effective time,	at 12:01 a.m. on the e	arlier of: (b) The 90th da	ay after the
Dated	MARCH II	2022			
	Signature o	do Rivas Sa of a member or authorized	clinas Trepresentative of a me	mber	
		ALDO RIVAS S	ALINAS		
		Typed or printed na	me of signee		

Filing Fee: \$25.00