

K22 000076543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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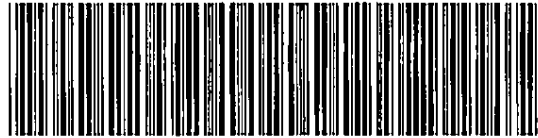
(Business Entity Name)

(Document Number)

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T. MATTHEWS

MAR 30 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COZYCAVERESORT LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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

elieser.rivas1999.ar@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALDO RIVAS SALINAS at ( 813 ) 447-6608  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

COZYCAVERESORT LLC

22 FEB 13 PM 3:20

(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 February 16, 2022 and assigned Florida document number L22000076543.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

703 S 78TH ST

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33619

Enter new mailing address, if applicable:

703 S 78TH ST

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33619

**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:

ALDO RIVAS SALINAS

New Registered Office Address:

703 S 78TH ST

*Enter Florida street address*

TAMPA

*City*

Florida 33619

*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



