

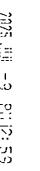
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(Address)
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(Ĉity/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Co	rporations		
	rafts Company LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Sierra Lieffort		
		Name of Person	
	Cosmic Crafts Company L	LC	
	<u> </u>	Firm/Company	
	127 N Boulevard Ct		
		Address	
	Deland, FL 32720		
		City/State and Zip Code	
	CosmicCraftCompanyLLC	@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
Sierra Lieffort		863 812-8210	
Name	of Person	at ()	
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
Mailing Addre Registration Division of O	Section	Street Address: Registration Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our reco Liability Company)	ords.)			
The Articles of Organization for this Limited Liability Company were filed on 2/16/2022 Florida document number L22000077125				
ility company here:				
lity Company "the designation "I	C" or the obbraviation "L.L.C."			
718 N Florida Ave	EC of the abbreviation E.E.C.			
Deland, FL 32720	2025			
	(5)			
718 N Florida Ave	(p) 17.			
Deland, FL 32720				
	<u>ပ</u> 1 ပ			
	er the name of the new registe			
, l	Florida Zip Code			
	ility company here: Ity Company," the designation "L. 718 N Florida Ave Deland, FL 32720 718 N Florida Ave Deland, FL 32720 Address on our records, enterprise and street add.			

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

<u>Title</u>	Name	Address	Type of Action
MGR	Joseph Geneau	127 N Boulevard Ct	□ Add
		Deland, FL 32720	Remove
			☐Change
- unail			□Add
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Tective date, if other than to a control of the date is listed, the date ite: If the date inserted in this cument's effective date on the	must be specific a s block does no	and cannot be pri of meet the appl	icable statutory	g or more than 90		
ecord specifies a delayed effects filed.	ctive date, but r	not an effective	time, at 12:01 :	a.m. on the earl	ier of: (b) The	90th day after the
July 3		_ ·	·			
	Signature of	The report of the	thorized represen	tative of a memb	er	

. . .