

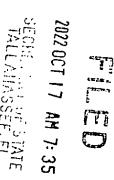
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## **COVER LETTER**

TO:

Registration Section

Divi	ision of Cor	porations		
	Cosmos Mu	ılti Services LLC		
SÜBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Jeromy Owens		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Firstep Business Solutions		
		<u> </u>	Firm/Company	
		8170 Washing Village Dr		
			Address	· · · · · · · · · · · · · · · · · · ·
		Dayton Ohio 45458		
			City/State and Zip Code	
		orders@newbusinessfiling.e	_	
		E-mail address: (	to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please ca	all:	
Guilbert Cos	smeus		561 268-7895 at ( )	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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)
Reg Div P.C	iling Addres gistration S vision of C D. Box 632 llahassee, I	Section Torporations 7	Street Address: Registration Second Division of Corporate Centre of Tallahassee, FL	porations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Cosmos Multi-Services LLC			2022 OCT 17 AM 7: 25
(Name of the Limite	d Liability Compa	ny as it now appears on	our records.)
			TALLAHASSESTATE
This amendment is submitted to amend the follo	itted Liability Company were filed on O2/23/2022  TALL ATTENDED SEE, FI and assigned on O2/23/2022  The following:  ame of the limited liability company here:  tim the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  applicable: 273 SE Volkerts Terrace Port St Lucie Florida 34983  Port St Lucie Florida 34983  The following:  TREET ADDRESS)  Odor registered office address on our records, enter the name of the new registered address here:  The first Cosmeus  The following:  The following		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the desig	nation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		273 SE Volkerts Te	ггасе
(Principal office address MUST BE A STREET		Port St Lucie Floric	a 34983
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE L	<u>30X)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:	Guilbert Cosmo	eus	
New Registered Office Address:	273 SE Volker	ts Terrace	
	(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  Organization for this Limited Liability Company were filed on 02/23/2022  It is submitted to amend the following:  It is submitt		
	Port St Lucie		Florida 34983
	<u>-</u>	City	Zip Code
New Registered Agent's Signature, if changing R	egistered 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>	<u>Name</u>	Address	Type of Action
AMBR	Guilbert Cosmeus	273 SE Volkerts Terrace	□Add
		Port St Lucie Florida 34983	□Remove
			<b>≡</b> Change
AMBR	Angeda Alexis Cosmeus	273 SE Volkerts Terrace	Add
		Port St Lucie Florida 34983	□ Remove
			Change
AMBR	Angeda Alexis	300 VIENNA DR APT F109	□Add
		PALM SPRINGS, FL 33461	■ Remove
			□ Add
			□ Remove
			□Add
			□Remove
			Change
			\ \_Add
			□ Remove
			Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.			
ffective date, if other than the date of filing:			
ffective date, if other than the date of filing:			
ffective date, if other than the date of filing:	<del></del>		
flective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 lote:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.  2022  Signature of a member or authorized representative of a member			
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ffective date, if other than the date of filing:  (optional)  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the lis filed.  ated  October 11th  2022  Signature of a member or authorized representative of a member			
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Signature of a member or authorized representative of a member	, October 11th	2022	
	ated	Carl Lort	
		( ) Toward	
Guilbert Cosmeus			
		Signature of a member or authorized representative of a member	