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SECRETARY OF STATE

COVER LETTER

TO:

SUBJECT: Cozy Life Home Goods 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: Laura Velez-Holvino Name of Person Cozy Life Home Goods LLC Firm/Company 317 Summer Clouds pl Address Brandon FL 33511 City/State and Zip Code laura.a.velez@outlook.com E-mail address: (to be used for future annual report notification)	TO: Registration Sect Division of Corpo					
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Laura Velez-Holvino Name of Person Cozy Life Home Goods LLC Firm/Company 317 Summer Clouds pl Address Brandon FL 33511 City/State and Zip Code	SURJECT: Cozy Life Ho	ome Goods LLC				
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Name of Person Cozy Life Home Goods LLC Firm/Company 317 Summer Clouds pl Address Brandon FL 33511 City/State and Zip Code						
Cozy Life Home Goods LLC Firm/Company 317 Summer Clouds pl Address Brandon FL 33511 City/State and Zip Code		Laura Velez-Holvino			<u>.</u>	
Firm/Company 317 Summer Clouds pl Address Brandon FL 33511 City/State and Zip Code			Name of Person			
Address Brandon FL 33511 City/State and Zip Code		Cozy Life Home Goods LI		<u> </u>	-	
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Brandon FL 33511 City/State and Zip Code		317 Summer Clouds pl			_	•
Brandon FL 33511 City/State and Zip Code laura.a.velez@outlook.com F-mail address: (to be used for future annual report notification)			Address			
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		laura.a.velez@outlook.com	to be used for future annual report notif	ication)	12 5 17 5 17 5 17 5	
For further information concerning this matter, please call: Laura Velez-Holvino at (813) 4849416	For further information cor			,	ARY OF S	111
Laura Velez-Holvino at (813) 4849416	Laura Velez-Holvino		at (813) 4849416	_	. F. 4.	_
Name of Person Area Code Daytime Telephone Number		Person		e Telephone Numbe	m 10	
Enclosed is a check for the following amount:	Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)	□ \$25.00 Filing Fee		Certified Copy	Certific Certifie	ate of Status & d Copy	
Mailing Address: Street Address:	<u>Mailing Address:</u>	<u>:</u>				
Registration Section Registration Section Division of Corporations Division of Corporations	—		_			
P.O. Box 6327 The Centre of Tallahassee		-	The Centre of T	allahassee		
Tallahassee, FL-32314 ————————————————————————————————————					8:10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cozy Life Home Goods LLC		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer	re filed on Aug 8, 2022	and assigned
Florida document number 1.22000347904		
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 C	Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	<u>.</u>	20:
(Principal office address MUST BE A STREET ADDRESS)	TA CR	ZZ AUG
	AAT	100 (mexes)
	AY O	2 17
Enter new mailing address, if applicable:	ma Ma	= -
(Mailing address MAY BE A POST OFFICE BOX)		1: 42
	<u> </u>	~
B. If amending the registered agent and/or registered office add	ress on our records, <u>enter the name of</u>	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	
	, Florida	Vin 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.

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
AMBR	Laura Velez-Holvino	317 Summer Clouds Pl	□ Add
		Brandon FL	□ Remove
		33511	
			□Add
			□Remove
			Change
			SECRETARY OF STATE Add Add
			AHAR Gemove
			SS DEhange
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Signature of a member or authorized representative of a member	Dated A	1 /	,			- / /	//					
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