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	_	
(Re	questor's Name)	· · · · · · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Cartified Conins	Certificates	of Status
Certified Copies	_ Certificates	Oi Status
Special Instructions to	 Filing Officer:	
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A. BUTLER NOV - 8 2022

COVER LETTER

Registration Section Division of Corporations

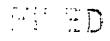
SUBJECT:	Cottage Eng	raving LLC			
	<u> </u>	Name of Limi	ted Liability Company		.
The enclosed	1 Articles of 7	Amendment and fee(s) are subr	nitted for filing.		
Please returr	all correspor	ndence concerning this matter t	o the following:		
		Sherri A. Hall			
			Name of Person	············	
		Gold Coast Engraving LLC			
			Firm-Company		
		1446 Quail Roost Lane			
			Address	·······························	
		Jacksonville, Florida 32220)		
			City/State and Zip Code		
		GoldCoastEngraving@gmai	Leom to be used for future annual report notif	ication)	
For further i	nformation co	oncerning this matter, please ec		,	
Sherri A. H	all		904 629-9968		
	Name o	r Person	Area Code Daytime	e Telepho	ne Number
Enclosed is	a check for th	ne following amount:			
□ S25.00	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**



2022 NOY -8 PH 4:58

and assigned		
and assigned		
and assigned		
abbreviation "L.L.C."		
Jacksonville, Florida 32220		
Jacksonville, Florida		
nme of the new registere		
Zip Code		
agree to comply with the mand familiar with and for, if this document is limited liability		
- - -		

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
			□Remove
11170			
			□Remove
			Change
			LRemove
			Change
			□Remove
			Thange
			URemove
			L Change
			Remove
			Change

<u> </u>			
			<u> </u>
	11/01/2022		7 H B
Effective date, if other than the officerive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:	date of filing or more than 90 dole statutory filing requireme	ays after filing.) Pursuant to 605.0207 nts, this date will not be listed as
e record specifies a delayed effective rd is filed.	date, but not an effective ting	ne, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
	2022		
October 21			
Dated October 21		_	
	Signature of a member or author	_	

Filing Fee: \$25.00