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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: COMFY LANDING, 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:

Tamara Black
Name of Person

COZY COMFY SOLUTIONS, LLC
Firm/Company

8237 Breeze Cove Lane
Address

ORLANDO, FL 32819
City/State and Zip Code

contactus@cozycomfy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamara Black at (800) 913-7513
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
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(additional copy is enclosed) | <input type="checkbox"/> \$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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

Adding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing:
(If an effective date is listed, the date must be the date of the first sale of the product in the United States.)

(optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

June 14, 2023

Tamara B. Hall

Signature of a member or authorized representative of a member

Lamara Black

Typed or printed name of signee