# L23000106281

(Re	questor's Name)	
(Add	dress)	·
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(City	y/State/Zip/Phone	e #)
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(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO: Registration Section Division of Corpo				
SUBJECT:	OMFY LF	ANDING, L ited Liability Company	L C	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Tan	nara Bla	eck_	
	COZY	COMFY S	SOLUTIONS, L'LC	
	8237	Breeze Co	ove Lane	
	ORLA Contac E-mail address: (1	City/State and Zip Code  TUS @ COZY  o be used for future annual rep	32819 comfysolutions.com	~
For further information cond	cerning this matter, please ca	dl:		
Tamara Name of Po	Black	at (800)	913-7513 Daytime Telephone Number	
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 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 Tallahaccas El 22202

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NDING, LLC	
(A Florida Limited (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000106281</u> .	y were filed on 2/28/2	and assigned
This amendment is submitted to amend the following:		2023 JUH 11
A. If amending name, enter the new name of the limited liab	oility company here:	
COZY COMFY SOLL	JTIONS, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		71- 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u> e	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	City	Zip 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 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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			☐ Change
		<del> </del>	□Remove
			□Change
			DAdd
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			DbA
			□Remove
			□Change

# Page 2 of 3

	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
_	
<u>vote:</u> locume	ve date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
ated _	June 14, 2023
	Signature of a member of and the action
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00