

62300016421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

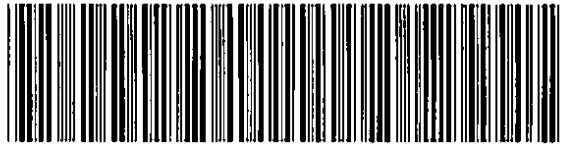
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DIVISION OF CORPORATIONS

2023 AUG -9 PM 12:40

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2023 AUG -9 PM 4:38

REGISTRATION
DIVISION
TALLAHASSEE, FLORIDA

RECEIVED

R. HUNT

08/09/23

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 **\$125.00**

Authorization Signature: _____

COFARGON LLC

L23000167026

Business Name

Doc. #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2023 AUG -9 PM 12:40

___ Certified Copy of ARTICLES

X Certificate of Status

NEW FILINGS

- ___ Profit Corp
___ Not for Profit
___ Officer/Director
___ Limited Liability
___ Domestication
___ Other
___ CORP
___ LLLP

AMENDMENTS

- X Amendment
___ Resignation of R.A.

___ Change of Registered Agent
___ Revocation of Dissolution
___ Merger
___ Conversion
___ Amended and restated Articles
___ Statement of Authority

OTHER FILINGS

- ___ Annual Report
___ Fictitious Name
___ APOSTILLE

REGISTRATION/QUALIFICATIONS

- ___ Foreign filing
___ Limited Partnership
___ Reinstatement

___ Other
Country _____

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COFARGON 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:

ANA DE SA

Name of Person

GOLDEN HILLS SERVICES INC

Firm/Company

2940 LOOPDALE LN

Address

KISSIMMEE FL 34741

City/State and Zip Code

ANA@BIZNEZSOLUTIONS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA DE SA

Name of Person

at (407)

Area Code

421 5251

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> X \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COFARGON LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/04/2023 and assigned
Florida document number L23000167026.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COFARGOM LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATIONS
2023 AUG -9 PM 12:40

B. If amending the registered agent and/or registered office address on our records, enter the name of 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

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HUGO RAFAEL GOMES DA SILVA	ALAMEDA DOS JURITIS, 244 BOITUVA, SP 18552-198 BR	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: 09/09/2023 (optional)

(If 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 (3)(b)

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.

If the 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 record is filed.

Dated **SEPTEMBER 09**, 2023

Hugo Rafael G Silva

Signature of a member or authorized representative of a member

GOMES DA SILVA, HUGO RAFAEL

Typed or printed name of signee