## 123000180355

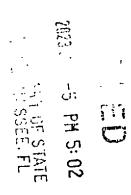
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

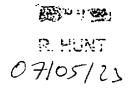
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## **COVER LETTER**

ro: Registration Se Division of Cor		•	•	
surice: Allegian	ce Design & Consulting	ı, LLC		
JOBALCI.		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ndence concerning this matter			
	Ryan Blade			
		Name of Person	<del></del>	
		Firm/Company		
	P.O. Box 131	Address		7.3 2.3 2.3
		Address		
	Roseland, Florida 329	957		် ပ <sub>ေ</sub>
		City/State and Zip Code	. თ. დ.თ ო.ო	P
	ryanmcblade@protor		$\sim$	ů C
For further information c	e-mail address: ( oncerning this matter, please co	to be used for future annual report noti all:	Tication)	5: 02
Ryan Blade		at ( <u>772</u> ) <u>300-1515</u>		<del></del>
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	X \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy i	Status &
Mailing Address Registration S		Street Address: Registration Se	ction	
Division of C		Division of Cor		
D O D (11		TI C . CT	- 11 1	

P.O. Box 6327 Tallahassee, FL 32314 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

(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited 1	Liability Company v	were filed on April 12, 2023		_ and a	ssigned
Florida document number <u>L23000180355</u>	·,				
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liabil	lity company here:			
Cosmos Digital & Consulting, LLC					
he new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC" or	the abbre	viation "	ILC."
Enter new principal offices address, if appli	icable:	==		<u>~</u>	
Principal office address MUST BE A STRE	ET ADDRESS)		:		
	<u></u>	-	37. L		
			5.0	ώι	
Enter new mailing address, if applicable:		P.O. Box 131	ass ao	P	1 1 3
Mailing address MAY BE A POST OFFICE	E BOX)	Roseland, Florida 32957	17 C	ين	المسا
	<del></del>		TE.	02	
3. If amending the registered agent and/or sent and/or the new registered office addr	~-	ddress on our records, enter the	e name o	f the n	<u>ew regis</u>
Name of New Registered Agent:	Registered A	Agents Inc	<u>.</u>		
New Registered Office Address:	7901 4th St	N STE 300  Enter Florida street address			
	St. Petersburg	9, Floric	da <u>3370</u>	12	
	<u> </u>	City		Zip Code	er .

## New Registered Agent's Signature, if changing Registered Agent:

Allegiance Design & Consulting, LLC

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Owner	Ryan Blade	P.O. Box 131	□Add
		Roseland, Florida 32957	□Remove
			<b>X</b> Change
			Remove
			□Change
			Add
			Remove Control of Change
			PHOSE STATE DAdd
			□Remove
			□Remove
			□Change
			□∧dd
			□Remove
			□Change

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King Klado		ted June 28 2023				
Signature of a member or authorized representative of a member	C		h			

Filing Fee: \$25.00