

L23000296988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

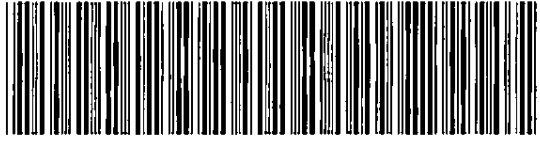
(Business Entity Name)

(Document Number)

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COZI KASITAS 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:

JHOJAN A PERDOMO ROJAS  
Name of Person

COZI KASITAS LLC  
Firm/Company

2411 DAIRY RD  
Address

MELBOURNE, FLORIDA 32904  
City/State and Zip Code

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

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For further information concerning this matter, please call:

JHOJAN A PERDOMO ROJAS at ( 240 ) 877-8303  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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**

COZI KASITAS 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 06/19/2023 and assigned Florida document number L23000296988.

This amendment is submitted to amend the following:

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

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)

2411 DAIRY RD  
MELBOURNE, FLORIDA 32904

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2707 LIVINGSTONE LANE APT. 202  
VIENNA, VIRGINIA 22180-7259

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**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:

JHOJAN A PERDOMO ROJAS

New Registered Office Address:

2411 DAIRY RD

*Enter Florida street address*

MELBOURNE

Florida

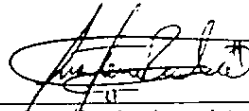
32904

*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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JAMES PHILIP WALKER	18 BRICKLIN PL	<input checked="" type="checkbox"/> Add
		LONDON, ON N5V-3T8	<input type="checkbox"/> Remove
		CANADA	<input type="checkbox"/> Change
AMBR	STHEFANIE WALKER	18 BRICKLIN PL	<input checked="" type="checkbox"/> Add
		LONDON, ON N5V-3T8	<input type="checkbox"/> Remove
		CANADA	<input type="checkbox"/> Change
AMBR	LAURA J CERCADO BELTRAN	2707 LIVINGSTONE LN APT. 202	<input checked="" type="checkbox"/> Add
		VIENNA, VA 22180	<input type="checkbox"/> Remove
		USA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 OCTOBER 25th , 2023

Signature of a member or authorized representative of a member

JHOJAN A. PERDOMO ROJAS

Typed or printed name of signee