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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KCO SERVICES, LLC

Account Number : I20200000018 Phone : (954)744-6605 Fax Number : (833)648-2730

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

brendakro7@gmail.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COZYPAWSIE LLC

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

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COZYPAWSIE LLC

(<u>Name of the Limitec</u> (?	Liability Compa Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lial Florida document number L23000455554	bility Company	were filed on	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	<u>ility company here</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	Hity Compuny," the designation "LLC" or the	abbreviation "L L C."
Enter new principal offices address, if applical	ble:	9550 NW 12TH ST, BAY 14B	
(Principal office address MUST BE A STREET		DORAL, FL 33172	
Enter new mailing address, if applicable:		9550 NW 12TH ST, BAY 14B DORAL, FL 33172	2021
(Mailing address MAY BE A POST OFFICE B	<u>0.v)</u>	DORAL, PL 33172	12
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our records, enter the na	me of the new registered
Name of New Registered Agent:	Brenda K Rojas	s	<u> </u>
New Registered Office Address:	9550 NW 12TI	EST, BAY 14B	
		Enter Florida street address	
	Doral	, Florida ²	3172
		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 any and the shoot actual Decreasion with the state of the state of

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
MGR	SALYIN IP PADILLA	11975 SW 28TH CT.	□Add
		MIRAMAR, FL 33025	■Remove
			□Change
MGR	BRENDA K ROJAS	9550 NW 12TH ST, BAY 14B	≣ Add
		DORAL. FL 33172	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			CChange
			□Add
			Remove
			□Change
			□Add
			□Remove
			CiChange

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ective date, if other than the d n effective date is listed, the date must b te: If the date inserted in this block nument's effective date on the Dep	k does not meet the applica	o date of filing or more the ble statutory filing requ	(optional) m 90 days after filing) Pursua tirements, this date will no	nt to 605 020 t be listed a
cord specifies a delayed effective of sfiled.	late, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90th of	day after th
ed MARCH 2ND	2023			
	, 4,4°			
S	gnature of a member or author	rized representative of a m	ember	