

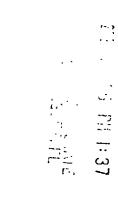
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## **COVER LETTER**

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P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Cozy Mou SUBJECT:	ntain LLC		
	Name of Lir	nited Liability Company	
	Amendment and fee(s) are sul		
	Anna Marian Keehbauch		
		Name of Person	<u></u>
		Firm/Company	
	4816 29th Avenue Dr W		: <u>r.</u>
	-	Address	
	Bradenton, FL 34209		
		City/State and Zip Code	<del></del>
	anna@mariansmarketlle.co		
For Control of Control		to be used for future annual report notification	) : 38
roi tutulei information c	oncerning this matter, please o	all:	<i>γ</i> α <b>C</b>
Anna Marian Keehbauch	ı	941 243-5290 at ( )	
Name of	f Person	Area Code Daytime Teleph	none Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address Registration S		Street Address: Registration Section	
Division of Co		Division of Corporation	ons

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cozy Mountain 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 03/04/2024 Florida document number <u>L24000108548</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Marian's Market 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) 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 \_\_

## 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:

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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