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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	COHEN SOL	UTIONS LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	T	AUL COHEN Name of Person	
	1	COHEN SOWTION	2
		Firm/Company	
	7901 4	Address , C	STE 300
	SAIN	T PETERSBURG, (City/State and Zip Code	FL 33702
	E-mail address: (AULK COHEN @ GO to be used for future annual report noti	MAIL. COM
For further information of	concerning this matter, please ca	all:	
PAUL	COHFN	at (<u>984</u>) <u>600</u> Area Code Daytim	-9967
Name c	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre	cc:	Street Address:	
Registration	Section	Registration Se	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	
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Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202400 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 09-27-24 and assigned Florida document number _____ <u>L 24000410136</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COHEN Southous, 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 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	PAUL COHEN	7901 4TH ST. N STE 30	OO XAdd
		St PETERSBURG, FL 33702	□Remove
			□Change
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s filed.									
is filed.	_ 09-2	27-24	<u> </u>	<u>2024</u>	 J				
is filed.	<u>09-2</u>			1	4	CoHW	nember		