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(Requestor's Name)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address)
(City/State/Zip/Phone #)
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SECRETARY OF STATE
TALLAHASSEE, FL

FILED 2024 NOV -8 AM 10: 35

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COVER LETTER

TO: Registration Division of C				•			
COZY EX	KCAPE LLC		-				
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Denise Mendez						
	-	Name of Person					
	COZY ENCAPE LLC						
		Firm/Company					
	17360 SW 302ND ST						
		Address		S	21		
	HOMESTEAD,FLORIDA	33030		ECR TAI)24 H		
		City/State and Zip Code		TAT	- V0	•	
	Samanthamendez246@gma			AS RY	ထ်	İ	
For further information	eoncerning this matter, please c	to be used for future annual report notifiall:	lication)	CRETARY OF STAT FALLAHASSEE, FL	2024 NOV -8 AM 10: 35	i	
Denise Mendez		305 484-5502		FL	35		
Name	of Person	at () Area Code Daytime	e Telephone Number				
Enclosed is a check for	the following amount:						
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	cate of Status &			
Mailing Addra Registration Division of 0 P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of T	porations				

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

COZY EXCAPE LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) Inited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number 1.24000457376	pany were filed on 10/28/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	Hiability company here:	
NA		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 NOV -8 SECRETAR TALLAH
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new registers
Name of New Registered Agent: NA	<u>-, </u>	35
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Samantha A Mendez	17360 SW 302nd Street, Homestead FI 33030	= Add
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			Signati	ire of a member	or authorized re	presentative o	a member		

Filing Fee: \$25.00