

7140000 40836

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOV 28 2016  
C. CARROTHERS

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: COSMO BILLING SOLUTIONS INC.

DOCUMENT NUMBER: P14000040836

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN E PAPRZYCKI JR  
Name of Contact Person

COSMO BILLING SOLUTIONS INC  
Firm/ Company

4201 LA PASIDA LANE  
Address

NEW PORT RICHEY, FL 34655  
City/ State and Zip Code

dpclaims@VERIZON.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN E PAPRZYCKI JR at (727) 807-3422  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

**Example:**

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change      P      DEBRA B. PAPRZYCKI      4201 LA PASIDA LANE  
         ☐ Add                     NEW PORT RICHEY, FL 34655  
         ☒ Remove                     \_\_\_\_\_

2) ☐ Change      P      JOHN E. PAPRZYCKI, JR      4201 LA PASIDA LANE  
         ☒ Add                     NEW PORT RICHEY, FL  
         ☐ Remove                     34655  
                             \_\_\_\_\_

3) ☐ Change      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
         ☐ Add                     \_\_\_\_\_  
         ☐ Remove                     \_\_\_\_\_

4) ☐ Change      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
         ☐ Add                     \_\_\_\_\_  
         ☐ Remove                     \_\_\_\_\_

5) ☐ Change      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
         ☐ Add                     \_\_\_\_\_  
         ☐ Remove                     \_\_\_\_\_

6) ☐ Change      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
         ☐ Add                     \_\_\_\_\_  
         ☐ Remove                     \_\_\_\_\_

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 11/11/2016  
(no more than 90 days after amendment file date)

**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.

**Adoption of Amendment(s) (CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 11/11/16

Signature

John E Paprzycki Jr.  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JOHN E PAPRZYCKI JR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)