P170000 93883

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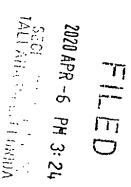
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: <u>COSME</u> T	ieA INC.	
DOCUMENT NUMB	014/	00093883	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Aou	Name of Contact Person	
-	Co	SUETTEA NE	•
-	1941 SE	PORT SAINT	Lucie BIVD
-	PONT EAINT LU	City/ State and Zip Code	34952
-		A Si/VA Q & MA / Red for future annual report	notification)
For further information $Aole = 1$	concerning this matter, please	se call:	464-6937
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address		Address
	ndment Section ion of Corporations		ment Section n of Corporations
	Зох 6327		entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

οſ

(Name of Corporatio	. INC.	with the Florida	Dunt of State		
P17-00009		with the Pioriua	Dept. of State	l	
	ent Number of Corpe	oration (if known)	· · · · · · · · · · · · · · · · · · ·		-
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this <i>Floride</i>	u Profit Corporat	ion adopts the fo	ollowing amer	ndment(s) t
A. If amending name, enter the new name of the con	rporation:				
				The	new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbres	or "Co". A profe	iy," or "incorpora exsional corporat	ited or the abb ion name must	reviation "Co	rp., "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u> .					
				7:5 2	<u></u>
				22	
C. Enter new mailing address, if applicable:			<u>-</u> 2 2	i.	T_{i}
(Mailing address <u>MAY BE A POST OFFICE BON</u>	<u> </u>	<u>.</u>	· 	- 6	170000000
				·	:
			, 	3	
				, ~	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter th	e name of the	<u>+</u>	
Name of New Registered Agent					
	(Florida street addi	ress)			
New Registered Office Address:			, Florida		
	(City)			(Zip Code)	
New Registered Agent's Signature, if changing Regis	stered Agent:				
Thereby accept the appointment as registered agent. I	am familiar with and	d accept the oblig	ations of the po:	sition.	
Signat	ure of New Registere	ed Agent, it chang	ing		
Check if applicable	,		• • •		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name /	<u>Addres</u> s
1) Change	5	DAVIS, LEE	POET ST. Weie, FL 3495:
Add			POUT ST. Weio, FL 34952
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			7
Remove			
6) Change			
Add			
Remove			

	. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
					
				, <u></u> ,	<u>.</u>
		_	<u>, , , , , , , , , , , , , , , , , , , </u>		
					
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			<u> </u>		
	ovides for an exch	nange, reclassifica	tion, or cancellatio	on of issued shares,	
<u>lf an amendment pro</u>	menting the ame	nument ii not con	itained in the amei	iament itseit:	
provisions for imple					
f an amendment pro provisions for imple (if not applicable	, ,				
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If an amendment pro provisions for imple (if not applicable					
provisions for imple					

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The date of each amendment(s) adoption: date this document was signed.	, if other than t
•	
Effective date <u>if applicable</u> : (no more than 90 days after amendme	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing 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 incorporators, or board of directors wit action was not required.	hout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cas by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups, must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro	oval
by Aoley DASINA	
(voting group)	 -
Dated 03/31/2020	
Signature / lolle & July	
(By a director, president or other officer – if directors or of selected, by an incorporator – if in the hands of a receiver,	ficers have not been
appointed fiduciary by that fiduciary)	austee, or other court
Aplea DACILA	
(Typed or printed name of person signing	ng)
Parcinent	
(Title of person signing)	

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