

L20 000 102693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations
COSFARMA I.L.C**

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person
Badell & Grau

Firm/Company
2980 NE 207th St. Suite 503

Address
Aventura, FL 33180

City/State and Zip Code
team@crosswise.legal

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Urribarri 786 3742372

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COSFARMA 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 04/14/2020 and assigned Florida document number L20000102693.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

With 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Maria Amparo Grau	2980 NE 207th St. Suite 503	<input checked="" type="checkbox"/> Add
		Aventura FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PUCCI ROJAS, JESSICA	ST. 2, LOS RUICES, EDIF. ORINOCO, FLOOR 1	<input type="checkbox"/> Add
		CARACAS, MIRANDA, MI 01071 VE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEREZ HERNANDEZ, ALEJANDRO J	ST. 2, LOS RUICES, EDIF. ORINOCO, FLOOR 1	<input type="checkbox"/> Add
		CARACAS, MIRANDA, MI 01071 VE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
GR	CONDE, JULIO CESAR	16808 SW 137TH AVE	<input type="checkbox"/> Add
		APT 908	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33177	<input type="checkbox"/> Change
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Lined area for amending information.


Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

: record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed.

December 11 2020
dated _____

Signature of a member or authorized representative of a member


Maria Amparo Grau

Typed or printed name of signee