

18000226009

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COSTA BELLA TRAVEL CLUB LLC
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:

LONNA SPITALERI
Name of Person

COSTA BELLA TRAVEL CLUB LLC
Firm/Company

330 N. Federal Highway #200
Address

Hollywood, FL 33020
City/State and Zip Code

HomeHelp2011@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL SPITALERI at (954) 394 5831
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

COSTA BELLA TRAVE/ CLUB 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 9/29/18 and assigned
Florida document number L18000226009.

This amendment is submitted to amend the following:

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

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
<u>Pres.</u>	<u>LONNA SPITALERI</u>	<u>3324 ATLANTA ST</u>	<input checked="" type="checkbox"/> Add
		<u>Hollywood, FL 33021</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>V.P.</u>	<u>MICHAEL SPITALERI</u>	<u>330 N. Fed Hwy</u>	<input checked="" type="checkbox"/> Add
		<u>Hollywood FL 33020</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Joseph Spitaleri</u>	<u>3387 SHREINOW ST #612</u>	<input type="checkbox"/> Add
		<u>Hollywood FL 33021</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
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AM 8027
CLERK OF DISTRICT COURT
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

LONNA Spitaleri TO President (CHANGE)

Joseph Spitaleri Remove (completely)

Michael Spitaleri TO V.P. (CHANGE)

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CLERK OF SUPERIOR COURT
JULIA E. HARRIS

E. 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 605.020

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.

If the 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 record is filed.

Dated 10/2/18



Signature of a member or authorized representative of a member

Michael Spitaleri

Typed or printed name of signee