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DE AUG 20 AN II: OG SECRETARY OF STATE

T. HAMPTON

AUG 2 1 2008

EXAMINER

COVER LETTER

TO: Registration Section,
SUBJECT: Costa Nursery Farms LLC (Name of Limited Liability Company)
(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:
Arianna C. Arana (Name of Person)
(Name of Person)
Costa Nursery Farms LLC (Firm/Company)
3 (Time Company)
22290 S.W. 162 Avenue (Address)
(Address)
Miami, FL 33170 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Arianna C. Arana at (305) 247-5135 x. 227 (Name of Person) (Area Code & Daytime Telephone Number)
(Med code & Baytime Telephone Nameer)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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 Nursery (Name of the Limited Liability (A Florida I	Farms LLC Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{7}{5}$ 05	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Costa Farms, LLC The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		SECR
(<u>Principal office address MUST BE A STREET ADDI</u>	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AUG 20 AN II: 07 REIARY OF STATE AHASSEE, FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office add		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida stree	t address)
	, Florida	(Zip Code)
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = I	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u></u>			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessor	ary.)
_			FILE AUG 20 PRETARY OF LAHASSEE,
- Dated	8 13	08.	AN II: 07
Dated	alvera a	nember or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00