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SECRETARY OF STATE
BIVISION OF CORPORATIONS

MAR 2 7 2012

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COVER LETTER

TO:

Registration Section .

Division	of Corporations				
SUBJECT:	Thomas L. Costa PSL, LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.				
Please return all c	orrespondence concerning this matter to the following:				
	Thomas L. Costa Name of Person				
	(value of refsyn)				
	Law Offices of Thomas L. Costa, LLP				
	Firm/Company				
	510 Broadhollow Road, Suite 304A				
	Address				
	Melville, NY 11747				
	City/State and Zip Code				
	tcosta@costalawlip.com E-mail address: (to be used for future annual report notification)				
	the second of th				
For further inform	ation concerning this matter, please call:				
	Thomas L. Costa at (631) 752-0303				
	Name of Person Area Code & Daytime Telephone Number				
Enclosed is a chec	k for the following amount:				
\$25.00 Filing F	Tee \$\subseteq \frac{1}{30.00}\$ Filing Fee & \$\subseteq \frac{1}{30.00}\$ Filing Fee & \$\subseteq \frac{1}{30.00}\$ Filing Fee, \$\text{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 Callahassee, FL 32314 Callahassee, FL 32314 Callahassee, FL 32301 Callahassee, FL 32301				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 MAR 26 PM 3: 23

Thomas L. Co	sta PSL, LL0	· · · · · · · · · · · · · · · · · · ·	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea Liability Company)	<u>rs on our records.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on	July 11, 2005 and assigned	
Florida document numberL05000069359			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
N/A	\		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	N/A		
	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	N/A		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter the name of the new	
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 agrethe provisions of all statutes relative to the proper and comp			

If Changing Registered Agent, Signature of New Registered Agent

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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mr.	Thomas L. Costa	510 Broadhollow Road Suite 304A Melville, NY 11747	Add ✓ Remove
MGRM	Limited Partnership	510 Broadhollow Road Suite 304A Melville, NY 11747	✓ Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
 			SECRETARY OF SECRETARY OF SECRETARY OF CORPC
 Dated	March 22 , 20	The L Mar. General Parker	SIAIL BRATIONS 3: 23
	Signature of a member	or authorized representative of a member	<u></u>
		homas L. Costa	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00