Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H250002865013)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

т	_	٠
1	O	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS CHOICE, INC.

Account Number : I20010000004

Phone : (954)782-1829

Fax Number : (954)697-0245

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Empil.	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COSTA & COSTA INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION 15 AN 11: 40 OF

COSTA & COSTA INVESTMENTS, LLC.	•	
(Name of the Limited Liability Companies of the Limited Limite	iv as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company of Plorida document number 10.000065646	were filed on	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the ilmited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 MAX BEA POST OFFICE BOX		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New-Registered Office Address:	Enter Florida street address	
	Florid	la
	Cirv	Zip Code

Now 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 filled 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

Title	<u>Name</u>	Address	Type of Action
MGR	JAIR COSTA	1152 SB 2nd Ave	
		Deerfield Beach, FL 33441	□Remove
		1152 SF 2nd Ave	≡Change
1GR	JANILDES M. COSTA	Deerfield Beach, FL 33441	ı
······································			□Remove
			□ Cheuge
	 		
3-	·		Remove
			Change
			
	·		□Remove
			☐ Change
			□Add
	•	А.	Remove
			☐ Change
· 	;	<u> </u>	DAdd
•		<u></u>	□Remove
			☐ Change

	<u>.</u>
	2025
	a. U.S.
•	\$15 To
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	900 3 300 3
	<u> </u>
••••	
and the second s	
ffective date, if other than the date of filings.	(ontional)
ffective date, if other than the date of filing:	g or more than 90 days after filing.) Pursuant to 605.020
iote: If the date inserted in this block does not meet the applicable stanutory ocument's effective date on the Department of State's records.	y filing requirements, this date will not be listed a
·	
recard specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after th
is filed.	,
ated 8/15/25	

Typed or printed name of signee