(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor	ction · · · · · · · · · · · · · · · · · · ·						
SUBJECT: OS		hange Services ited Liability Company)	<u>LLC</u>				
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	٠.				
Please return all correspo	ndence concerning this matter	to the following:	·				
	Andrew	M. Costa (Name of Person)					
	Λ		vices, LLC				
6751 N. Federal Hwy. Swite 100							
	<u>baca Rati</u>	ON FL 33487 (City/State and Zip Code)					
For further information co	oncerning this matter, please ca	all: ;					
And lew M (Name o	Costa f Person)	at (56) 988-218 (Area Code & Daytime T	elephone Number)				
Enclosed is a check for th	e 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 1031	Exchange	. Services,	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 Liab Florida document number $\bot \phi + \phi \phi \phi + \phi \phi \phi$		re filed on 7	12007	and assigne	ed		
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of the	he limited liabilit	y company here:					
The new name must be distinguishable and end with t "L.L.C."	the words "Limited	Liability Company," t	the designation "L	LC" or the abbre	eviation		
Enter new principal offices address, if applicab	ole:	6751 N. F	ederal	Hwy			
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u> _	Suite 100 Boxa Rat	on, FL	33487			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>-</u> 2 <u>x)</u> _	Same		08 AUG			
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our r	ecords, enter t	SS in ame of the	= lei new D		
Name of New Registered Agent:	Andrew	M. Costo	<u> </u>	ORIGA RIDA			
New Registered Office Address:	6751 N.	Federal F	lwy . Sur Torida street add	ite 100 dress)			
	Bora R	City)	, Florida	33B1 (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 = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action William Mejia Add Remove □ Add Remove Add 🗂 Remove ☐ Add Remove **∫** Add Remove ∫ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00