

L11000029785

(Requestor's Name)

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FILED
2015 OCT 16 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Costa Team 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:

Claudia Solano

Name of Person

Document Solutioners LLC

Firm/Company

8436 W Oakland Park Blvd

Address

Sunrise Florida 33351

City/State and Zip Code

documentsolutioners@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Solano

954

726-5656

Name of Person

at ()

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**

FILED
2015 OCT 16 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Costa Team 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 03/10/2011 and assigned
Florida document number L11000029785.

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:

2541 Aragon Blvd #209; Sunrise FL 33322

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2541 Aragon Blvd #209; Sunrise FL 33322

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

Name of New Registered Agent:

John Ovalle

New Registered Office Address:

2541 Aragon Blvd #209

Enter Florida street address

Sunrise

City

, Florida 33322

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 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 being added or removed from our records:**

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	John Ovalle	2541 Aragon Blvd #209; Sunrise	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Giovanna Costa	3051 N. COURSE DRIVE #612	<input type="checkbox"/> Add
		Pompano Beach, Fl 33069	<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
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF
ALLIANCE

ALLIANCE, FLORIDA

2015 OCT 16 PM 12:42

THE

E. Effective date, if other than the date of filing: 10/09/2015 (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 605.0207(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 October 09, 2015

from Gralle

Signature of a member or authorized representative of a member

John Ovalle

Typed or printed name of signee