

**L13000003503**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**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.**

(((H13000105147 3)))



H130001051473ABCW

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

**To:**  
Division of Corporations  
Fax Number : (850) 617-6383

**From:**  
Account Name : PAUL SALVER, P.A.  
Account Number : I20020000087  
Phone : (954) 389-1333  
Fax Number : (954) 389-1397

2013 MAY -9 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

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

**Email Address:** \_\_\_\_\_

RECEIVED  
13 MAY -9 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COSTA HOLLYWOOD S328, LLC**

Certificate of Status	<b>1</b>
Certified Copy	<b>0</b>
Page Count	<b>03</b>
Estimated Charge	<b>\$30.00</b>

MAY 10 2013  
A. LUNT

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**COSTA HOLLYWOOD S328, 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 1/8/2013 and assigned  
Florida document number L13000003503.

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 end with the words "Limited Liability 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 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:

PAUL SALVER, PA

New Registered Office Address:

2721 Executive Park Dr., #3

*Enter Florida street address*

Weston

*City*

, Florida 33331

*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

FILED  
 2013 MAY - 9 AM 11:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ORMO PINANGO, LUIS C</u>	<u>2893 EXECUTIVE PARK ROAD, SUITE 127 WESTON, FL 33331</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>ORMO SARASA, LUIS C</u>	<u>2893 EXECUTIVE PARK ROAD, SUITE 127 WESTON, FL 33331</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>LUCAR HOLDINGS, LLC</u>	<u>2893 EXECUTIVE PARK ROAD, SUITE 127 WESTON, FL 33331</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2013 MAY 9  
11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

X 5/7/13

X

Signature of a member or authorized representative of a member

X

PAUL SALVER, ANTH REP  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 MAY -9 AM 11:20

FILED