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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

SUBJECT: COSTELLO'S MANCAEMENT COMPANY IIC  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:
Brian Costello Name of Person
costellos management company IIC
285 International Parkway
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BY I COST COST COST COST COST COST COST COST
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

**Registration Section** 

Division of Corporations

TO:

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

The Articles of Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for the absolute filed for the absolute filed filed filed filed filed filed for the summand of the limited Liability Company were filed on Organization for the absolute filed file

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** AMBR Brian Costello □ Remove \_ Add ☐ Remove □ Add \_\_\_\_ □ Remove \_□ Add \_\_\_\_\_ □ Remove

-	
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) I cannot be more than 90 days after
Dated JUNE 11, 2014.	
Signature of a member or authorized repre	sentative of a member
Signature of a member or authorized repre	sentative of a member
Typed or printed name of	

Page 3 of 3

Filing Fee: \$25.00