## L15000111178

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## COVER LETTER

		stration Sec sion of Corp									
SUBJEC		COSTA CB	HOLDINGS, LLC		j						
SUBJEC	ιι: ,	<del>-</del>	Name of Lim	ited Liability Company		<del></del>					
The encl	losed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.							
Please re	eturn	all correspor	ndence concerning this matter	to the following:							
			ARIANNA CABRERA D	E ONA							
				Name of Person	•						
				Firm/Company							
			21800 SW 162nd AVENU	E	)						
				Address	, 1						
			MIAMI, FL 33170								
	City/State and Zip Code arianna@costafarms.com										
			E-mail address: (	to be used for future an	nual report notific	ation)					
For furth	her in	formation co	oncerning this matter, please ca	all:							
ARIANNA CABRERA DE ONA				305 at ()	247-5135						
		Name of	Person	Area Code	Daytime T	elephone Number					
Enclosed	d is a	check for th	e following amount:								
\$25.	(7 00,	ling 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)					
					ì						
		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

COSTA CB HOLDINGS, 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 June 26, 2015 and assigned Florida document number  $\underline{L15000111178}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pavilo CB Holdings, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address City 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 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>Address</u> Type of Action <u>Name</u> <u>Title</u> 21800 SW 162nd Avenue Margarita Costa Suarez MGR 🗎 Add Miami, FL 33170 □ Remove ☐ Change Eduardo C. Costa 21800 SW 162nd Avenue MGR 🖩 Add Miami, FL 33170 □ Remove ☐ Change N/A \_□ Add ☐ Remove \_□ Change N/A □ Add ☐ Remove ☐ Change N/A □ Add □ Remove `□ Œute N/A

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July 25	Signature of a member or author		1	<u>-</u>
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Filing Fee: \$25.00