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	Division of Co Fax Number	: (850)617-6383	•	2018 SEC ALL
From:				
	Account Name	: LARSON ACCOUN	TING AND CONSULTING	S SERVICES LLE
	Account Number	: 120160000067		SS -5
	Phone	: (407)370-3686		Lites Ca
	Fax Number	: (407)370-3120	.,	m ² >
			r	<u>6</u>
Enter	the email addres	s for this busin	ess entity to be u	sed for future,
anr	uual report maili	ngs. Enter only	one email address	please; **o

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PASSARELI TILE SERVICES LLC

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D. SCOTT FEB 1 G 2018

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COVER LETTER

TO:	Reg Divi	istration Sec ision of Corp	tion orations			
SUBJE	۲r.	PASSAREL	TILE SERVICES LLC			
30030	· · ·		Name of Lim	ted Liability Company		_
			mendment and fee(s) are sub-			
			CAROLINE G LARSON			
				Name of Person		
			LARSON ACCOUNTING	& CONSULTING SER	VICES, LLC	
				Firm/Company	· · · · · · · · · · · · · · · · · · ·	
			7901 KINGSPOINTE PK	WY STE 17		PALC 2018
				Address		TAN E
			ORLANDO, FL 32819	. 121 1.	:1	NRY ASSE
				City/State and Zip Code		mica >
			support@larsonacc.com			_ 55 -9
For furt	her i	nformation co	E-mail address; (neerning this matter, please ca	to be used for future annual	report notification)	S 9 RIDA
CARO	LINE	G LARSON			793686	
		Name of	Person	at () Area Code	Duytime Telephone N	umber
Enclose	d is a	a check for the	e following amount:			
\$25	i,00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee Certified Copy (additional copy is en	Cer closed) Cer	00 Filing Fee, nificate of Status & nified Copy litional copy is enclosed)
			NG ADDRESS:		T/COURIER ADDRE	SS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Suilding
2661 Executive Center Circle
Tallahassee, FL 32301

DocuSign Envelope ID: D1C17006-CEBF-4764-A0F2-B1710192C703 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PASSARELI TILE SERVICES LL				<u>.</u>
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on Liability Company)	our records.	_
The Articles of Organization for this Limited Li	ability Company	were filed on 10/01/2	015	_ and assigned
Florida document number L15000166953	·			
This amendment is submitted to amend the folk	owing:	 P		
A. If amending name, enter the new name of	the limited liab	ility company here:		
COSTA & COSTA CONSTRUCTION LLC		•		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	ation "LLC" or the abbre	vistion "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>	2[16
			(no	
Enter new mailing address, if applicable:		N/A	がある。	EB
•	PAV		Ü.	111
Mailing address MAY BE A POST OFFICE	<u>602)</u>		—————————————————————————————————————	7
B. If amending the registered agent and	or registered o	ffice address on ou	r records, enter th	e name of the n
registered agent and/or the new registered of	Tice address her	<u>'e</u> :		
Name of New Registered Agent:	LARSON ACC	COUNTING & CONSU	JLTING SERVICES, I	I.C
New Registered Office Address:	7901 KINGSP	OINTE PRWY STE 17		
The state of the s		Enter Florida s	treet address	
	ORLANDO	•	, Florida <u>3281</u>	9
		City	,	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

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11 albeitung Authorized rerson(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>	Address	Type of Action
AMBR	COSTA, ANDERSON, SR	2550 Grand Central PKWY #15	
		ORLANDO, FL 32839	
		7.7 1	■ Change
AMBR	LIMA, JESSICA R	2550 Grand Central PKWY #15	
		ORLANDO, FL 32839	Remove
			Change ALL A DAdd ASE C DAdd ASE C DRemovery
			Ghange Ghange GAdd
			☐ Remove
			☐ Change
			D Add
			Remove
			☐ Change
			□ Add
			□ Remove □ Change

From Larson Accounting 1.321.888.4919 Thu Feb 15 07:29:48 2018 MST Page 8 of 8

usign Envelope ID: D1C17006-CEBF-4764-A0F2-B1710192C703 D. Tramedung any other information, enter enange(s) here: (Attach addit	tional sheets, if necessory.)	
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E. Effective date, if other than the date of filing:	نے ہے (optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing of Note: If the date inserted in this block does not meet the applicable statutory if document's effective date on the Department of State's records.	r more than 90 days after filing.) Pursuant to 60	05.0207 sted as
If the record specifies a delayed effective date, but not an effective (b) The 90th day after the record is filed.	e time, at 12:01 a.m. on the ear	lier o
Dated October 13 th 2017		
Signature of a member or authorized representat	tive of a member	
Jessica Lima		

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Filing Fee: \$25.00



February 15, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PASSARELI TILE SERVICES LLC 2550 GRAND CENTRAL PKWY #15 ORLANDO, FL 32839

SUBJECT: PASSARELI TILE SERVICES LLC

REF: L15000166953

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II RECEIVED