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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC 16 PM 12:23

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K. SALY
EXAMINER
DEC 18 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Costa Investors, 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:

Alexey Byrya

Name of Person

Costa Investors, LLC

Firm/Company

290 174th st. #1712

Address

Sunny Isles Beach, FL 33160

City/State and Zip Code

alexey@bartinvestment.com

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

For further information concerning this matter, please call:

Alexey Burya

Name of Person

at **(754) 244-1895**

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

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SEC. CLERK OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Costa Investors Management, LLC	290 174th st. #1712	<input type="checkbox"/> Add
		Sunny Isles Beach	<input checked="" type="checkbox"/> Remove
		FL 33160	
MGR	Costa Investors Manager, LLC	290 174th st. #1712	<input checked="" type="checkbox"/> Add
		Sunny Isles Beach	<input type="checkbox"/> Remove
		FL 33160	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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DEPARTMENT OF STATE
TALLAHASSEE, FL 32310

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12/09/2015

Signature of a member or authorized representative of a member

Alexey Burya
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA