# 15000175641

Office Use Only



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2015 DEC 16 PH 12: 23

K.SALY EXAMINER DEC 18 2015

# · COVER LETTER

TO: Registration S Division of Co			*
Cos	ta Investors, L	LC	
SUBJECT:		nited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Alexey Byry	ra	
		Name of Person	<del></del>
	Costa Inves		·
		Firm/Company	
	290 174th s	t. #1712	
	Sunny Isles	Beach, FL 3316	0
		City/State and Zip Code	<del></del>
	alexey@bartinve	SIMENT.COM (to be used for future annual report notified)	fication)
For further information of	concerning this matter, please c	all:	
Alexey Bur	ya	at (754) 244-1  Area Code Daytime	895
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	he 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)
MAII.	ING ADDRESS:	STREET/COURI	ER 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 OF

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TALLAHASSEE, FLORIGA

Costa Investors, 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 Liabil	lity Company were filed on 15 Oc	tober 2015 and assigned
Florida document number L15000175641	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the word	ls "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	· -
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or a	registered office address on our	records, enter the name of the new
registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
_		, Florida
	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

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>	Name	Address	Type of Action
MGR	Costa Investors Management, LLC	290 174th st. #1712	
		Sunny Isles Beach	■ Remove
		FL 33160	
MGR	Costa Investors Manager, LLC	290 174th st. #1712	<b>=</b> Add
		Sunny Isles Beach	□ Remove
		FL 33160	
			□ Add
			Remove
			DEC 16 PH 12e 23
			Add
			Remove
			Add
			Remove

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the date this document is filed by the Florida Department of State)	(optional) I cannot be more than 90 days after
the date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
the date this document is filed by the Florida Department of State)	(optional) I cannot be more than 90 days after
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)  Dated  Signature of a member or authorized repre	sentative of a member

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Filing Fee: \$25.00

