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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	CT:	Costa Mor	ada Chi, tes . CC ited Liability Company	<u>C</u>
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		Class	Name of Person	AM
		Costo	Marada EKS	Horathartes. LLC
		192 second	COUFF	
		Key La.	City/State and Zip Code  Color of Control of Code  Color of Code  Color of Code  Cod	mail com
		E-mail address: (	to be used for future annual oport notifi	cation)
For furth	ner information con	cerning this matter, please ca	ıll:	
(	Name of I	Tristram Person	at (5/4) 42 9 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Costa Mora (Name of the Limited I	iability Company as it how appe lorida Limited Liability Company	ars on our records.)	<u> </u>
The Articles of Organization for this Limited Liabi Florida document number	ity Company were filed on _ 839	3/00	and assigned
This amendment is submitted to amend the following	ng:	, ,	
A. If amending name, enter the new name of the			r the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		~1 K	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.			
			<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, <u>e</u>	enter the name of the new
Name of New Registered Agent:  New Registered Office Address:	SA	NEX	M 4 39
	Enter Fl	orida street address	
-	City	, Floric	da 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
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		Keylargo FL 33037	☐ Remove
			Change
MGR	Cole Tristran	192 Selond Court	🗖 Add
		Key Largo FC33037	Remove
			Change
AMBR	Cole TRISTRAM	192 SECOND COURT	Add
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