

L16000107153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

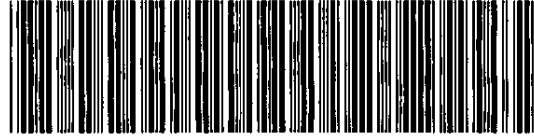
(Business Entity Name)

(Document Number)

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FILED
STATE OF ARIZONA
16 OCT 24 AM 10:34

OCT 26 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 6372 La Costa Drive, 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:

Claudia E Reyes

Name of Person

CBS Financial CPA PA

Firm/Company

6075 W Commercial Blvd

Address

Tamarac, FL 33319

City/State and Zip Code

claudia@cbsfinancialcpa.com

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

For further information concerning this matter, please call:

Claudia E Reyes

954 724-4141
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

6372 La Costa Drive, 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 06/01/2016 and assigned
Florida document number L16000107153.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6372 La Costa Drive Apt 403

Boca Raton, FL 33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6372 La Costa Drive Apt 403

Boca Raton, FL 33433

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:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street 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 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mayta, William B	6372 La Costa Dr Apt 403	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Mayta, Glenir	6372 La Costa Dr Apt 403	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Demelo, Ezio	6372 La Costa Dr Apt 403	<input type="checkbox"/> Add
		Boca Raton, FL 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 OCT 21 AM 10:34
H. E. H. STAFF
REGISTRATION

Please add EIN 81-2865523

Page 3 of 3
Filing Fee: \$25.00