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(Re	equestor's Name)	<u>-</u>
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COVER LETTER

Divi	ision of Corp	porations		
SUBJECT:	6372 La Cos	sta Drive, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Pléase return	all correspon	ndence 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.co	om to be used for future annual report notif	
			•	icanon)
For further in	iformation co	oncerning this matter, please co	all:	
Claudia E Re	eyes		954 724-4141 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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 Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on <u>06/01/2016</u>	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 liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6372 La Costa Drive Apt 403	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33433	₹
		<u> </u>
Enter new mailing address, if applicable:	6372 La Costa Drive Apt 403	2 845
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33433	5 5 5 5
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		er the name of the ne
Nov. Posistand Office Address		•
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>	Type of Action
MGR	Mayta, William B	6372 La Costa Dr Apt 403	■ Add
		Boca Raton, FL 33433	Remove
	-		☐ Change
Mgr	Mayta, Clenir	6372 La Costa Dr Apt 403	Add
		Boca Raton, FL 33433	
		<u> </u>	☐ Change
Mgr	Demelo, Ezio	6372 La Costa Dr Apt 403	
		Boca Raton, FL 33433	Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
		 ,	Change
			Change Y E S I A T I I A A D I I A A D I I I A A D I I I I
			Remove
			□ Change

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	10/19/2016			
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	ock does not meet the applica	ible statutory filing requi	rements, this date will	not be list
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