

L16000139214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2018 MAR 26 PM 3:15

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GLOBAL TRANSFER SERVICES 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:

JOYCE NASCIMENTO

Name of Person

Firm/Company

7411 VICTORIA CIR

Address

ORLANDO, FL 32835

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ( )

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2011-09-20 P 1:15

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GLOBAL TRANSFER SERVICES 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 07/25/2016 and assigned  
Florida document number L16000139214.

This amendment is submitted to amend the following:

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

COSTA CRUZ INVEST LLC

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)

13609 ANCILLA BLVD  
WINDERMERE, FL 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13609 ANCILLA BLVD  
WINDERMERE, FL 34786

**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:**

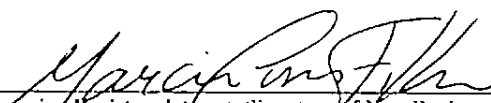
Name of New Registered Agent:

New Registered Office Address:

13609 Ancilla Blvd.  
*Enter Florida street address*  
Windermere, Florida 34786  
*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.*

  
Marcia R. Fikri  
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          | NIVA P DE CARVALHO        | 7337 BRIGHTLAND ST   | <input type="checkbox"/> Add               |
|              |                           | WINDERMERE, FL 34786 | <input checked="" type="checkbox"/> Remove |
|              |                           |                      | <input type="checkbox"/> Change            |
| MGR          | MARCIO F CRUZ FILHO       | 13609 ANCILLA BLVD   | <input type="checkbox"/> Add               |
|              |                           | WINDERMERE, FL 34786 | <input type="checkbox"/> Remove            |
|              |                           |                      | <input checked="" type="checkbox"/> Change |
| MGR          | LEDA PENIDO DA COSTA CRUZ | 13609 ANCILLA BLVD   | <input checked="" type="checkbox"/> Add    |
|              |                           | WINDERMERE, FL 34786 | <input type="checkbox"/> Remove            |
|              |                           |                      | <input type="checkbox"/> Change            |
|              |                           |                      | <input type="checkbox"/> Add               |
|              |                           |                      | <input type="checkbox"/> Remove            |
|              |                           |                      | <input type="checkbox"/> Change            |
|              |                           |                      | <input type="checkbox"/> Add               |
|              |                           |                      | <input type="checkbox"/> Remove            |
|              |                           |                      | <input type="checkbox"/> Change            |
|              |                           |                      | <input type="checkbox"/> Add               |
|              |                           |                      | <input type="checkbox"/> Remove            |
|              |                           |                      | <input type="checkbox"/> Change            |

2016-11-21 PM 1:05

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee