## Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111

Phone : (407)800-7028

Fax Number : (407)992-9407

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email 1	Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **COSTAMAR COMEX LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

FROM: 4079929407 HQQ 000 3573323 TO:18506176383 10:23 AM 10/18/2022 Page: 6 COVER LETTER TO: Registration Section Division of Corporations COSTAMAR COMEX LLC SUBJECT: \_\_\_\_ 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: Maria C Sousa Name of Person Sousa & Associcates Inc Firm/Company 5728 Major Blvd Ste 309 Address Orlando Florida 32819 City/State and Zip Code

For further information concerning this matter, please call:

info@sousaacc.com

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

Enclosed is a check for the following amount:

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Page: 7 10/18/2022

10:23 AM

TO:18506176383

FROM: 4079929407

H2200035733323

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COSTAMAR COMEX LLC			
(Name of the Limited Linbility Company as it as (A Florida Limited Liability Co	w appears on our r impany)	ecords.)	<del></del>
The Articles of Organization for this Limited Liability Company were fil	ed <u>07/29/201</u>	6	and assigned
on Florida document number L16000142689			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability com	pany here:		
Costamar Vacation Homes LLC		<del> = -</del> -	
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation	"LLC" or the abb	reviation "E.L.C."
Enter new principal offices address, if applicable:		. ———	
(Principal office address MUST BE A STREET ADDRESS)			
Danner willing address if analisables			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	on our records, <u>s</u>	enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street (	address	
		Florida	
City		Florida	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

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8 10/18/2022

MGR = Manager

10:23 AM

TO:18506176383 FROM; 4079929407

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action Address Title 1 Name bbA□ □Remove \_\_\_\_\_ □Change □Remove □Add \_\_\_\_\_ □Remove \_\_\_\_ □Change □ Remove

## 425000 3573 3D3

☐ Change

\_\_\_\_\_ □Remove

☐Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessory.)
Effective date, if other than the date of filing:  (If it 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 ( Note: If the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records.
f 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 ecord is filed.
Dated October 18th 2022  Signature of a member or authorized representative of a member
MARCELO PASQUARELLI COSTA

Typed or printed name of signee