## 118000 279 282

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon-	e #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600326363536

UB/18/19--U1041--UU5 \*\*25.UU

WIND THE PERSON

APR 0 9 2019 T. LEMIEUX

## **COVER LETTER**

Division of Corp	orations		
SUBJECT: Costantin	io Group of Tallahassee, LLC		
		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Damian Costantino	
		Name of Person	
		Firm/Company	. <u>.                                   </u>
		3120 Briarwood Drive	
		Address	
		Tallahassee, FL 32308	
		City/State and Zip Code dcostantino.realtor@gmail.com	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information co	ncerning this matter, please ca	ail:	
Damian Costantino Name of	Person	at ( <u>850</u> ) <u>251-1341</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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:

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



March 26, 2019

DAMIAN COSTANTINO 3120 BRIARWOOD DR TALLAHASSEE, FL 32308

SUBJECT: COSTANTINO GROUP OF TALLAHASSEE, LLC

Ref. Number: L18000279282

We have received your document for COSTANTINO GROUP OF TALLAHASSEE, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLease have a member or authorized representative sign the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 019A00006007

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Costantino Group of Tallahassee, LLC

FILED

(Name of the Limited Liah	ility Company as	it now appear	s on our records.)	
(A Flori	da Limited Liabilit	ty Company)	ZUHI APX -	4 P 12: 38
The Articles of Organization for this Limited Liability	Company were	filed on	12/05/2018: IAN	Y CF UTANGassigned
Florida document number <u>L18000279282</u>	<del></del> -			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability c	company he	ere:	
Damian Costantino, LLC				
The new name must be distinguishable and contain the words "Li	imited Liability Co	mpany," the d	esignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>		
(Principal office address MUST BE A STREET ADL	ORESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u>.                                      </u>		
B. If amending the registered agent and/or reg	,	address on	our records, <u>ei</u>	nter the name of the ne
registered agent and/or the new registered office ad	<u>ldress here</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flor	rida street address	
			. Florid	a
<del></del>	(	City	, 1 10110	Zip Code
New Registered Agent's Signature, if changing Register	red 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

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>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
		·	Add
		<del></del>	□ Remove
			☐ Change
			Add
		<del></del>	☐ Remove
			Change
			□ Add
		<del></del>	□ Remove
			Change
			☐ Remove
		_	Change
			Aḋd
			☐ Remove
			☐ Change

•	
f an ei <u>Note:</u>	tive date, if other than the date of filing: 3/15/2019 (optional)  ffective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	April 2nd .2019
	Signature of a member or authorized representative of a member
	./ \
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00