1190000 64286

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COVER LETTER

TO:

Registration Section Division of Corporations

eupiret. İ	a Costa Nostra	116				
SUBJECT.	Name of Limi	ted Liability Company				
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.				
Please return all correspond	lence concerning this matter t	to the following:				
	Alexander	Name of Person				
	La Cost	ta Nostra Firm/Company				
	7047	SW 47 St				
		Miami, FL 3315 City/State and Zip Code	5			
		SHr a 305@ Gmail.				
For further information cor	ncerning this matter, please ca	all:				
Alexander & Name of I	ran Cia	at (<u>786</u>) <u>570</u> Area Code Daytim	4240 e Telephone Number			
Enclosed is a check for the	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: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee				
Tallahassee, F		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LQ (0°	Sta Nostra CLC 2020 17 Pi 12: 20
(A)	Liability Company as it now appears on our records.) A Florida Limited Liability Company)
	bility Company were filed on 03/09/2020 and assigned
Florida document number <u>L 19000064286</u>	<u>· </u>
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u>OX</u>
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, enter the name of the new registered here:
Name of New Registered Agent:	Alexander Garcia
New Registered Office Address:	7047 SW 47 S+ Enter Florida street address
	Mjami Florida 33/55 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>	Address	Type of Action
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			Remove
			□Change
			□Add
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ecord s is filed		elayed effective o	date, but not an e	effective time, a	. 12:01 a.m. o	n the earlier o	f: (b) The 90	th day after the
ted	03/0	9/2020)	·	A			
	 	Si	gnature of a mem	ber or authorized	representative	of a member		