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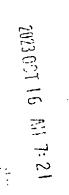
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

COSTAMI			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Adaen Augusto		
		Name of Person	
	COSTAMIA LLC		
		Firm/Company	
	12384 NW 11th Lane		
		Address	***
	Miami		
		City/State and Zip Code	
	augusto.adaen(ægmail.com	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c		
Adaen Augusto		786 972-2628	
Name of Person		at () Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he following amount:		
<b>≘</b> \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Addres		Street Address:	aution
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COSTAMIA LLC

2023 GCT 16 AM 7:21

( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ted Liability Company)	) :
The Articles of Organization for this Limited Liability Comp.  Plorida document number	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "U.L.C" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	. <del></del>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offi gent and/or the new registered office address here:  Name of New Registered Agent:	ice address on our records, <u>enter H</u>	ie name of the new registe
		·
New Registered Office Address:	Enter Florida street address	
	, Flor	idaZip Code
	City	Zip Code
	ent:	
New Registered Agent's Signature, if changing Registered Agenthereby accept the appointment as registered agent and a		

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>	Name	Address	Type of Action
AMBR	Dario C Augusto	12384 NW 11th Lane, Miami, FL 33182	[]]\dd
			<b>≡</b> Remove
			Change
			L IRemove
			□Add
			□Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

•	
(If an i Note	ctive date, if other than the date of filing:
f the rec ecord is	ord 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 filed.
Date	d October 5th 2023.
	Signature of a member or authorized representative of a member
	Adaen Augusto Typed or printed name of signee

Filing Fee: \$25.00