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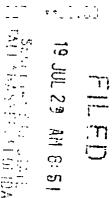
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## **COVER LETTER**

то:	Registration Division of	n Section Corporations		
SUBJEC		Seijo Investment Group, LLC		
SUBJE	C1	Name of Lin	aited Liability Company	
		s of Amendment and fee(s) are sub	-	
Please re	eturn all corre	espondence concerning this matter	to the following:	
		Jose Costa, Manager		
			Name of Person	
		Costa-Seijo Investment Gi	roup, LLC	
			Firm/Company	<del></del>
		PO Box 780037		
			Address	
		Orlando, FL 32878		
		ioga@ioogtouwuw	City/State and Zip Code	
		jose@jcostagroup.com E-mail address: (	to be used for future annual report not	ification)
For furth	ner information	on concerning this matter, please c	all:	
Jose Co:	sta		407 467-8758	
	Nan	ne of Person	at () Area Code Daytim	e Telephone Number
Enclosed	f is a check fo	or the following amount:		
<b>■</b> \$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)
		AILING ADDRESS:	STREET/COURI	

**Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Costa-Seijo Investment Group, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears of ted Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L19000137562}{L19000137562}$ .	any were filed on May	22, 2019 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here	:		
N/A				
The new name must be distinguishable and contain the words "Limited I.	iability Company," the design	mation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRESS	2			
		<i>€</i> <b>3</b>		
Enter new mailing address, if applicable:	N/A	29		
(Mailing address MAY BE A POST OFFICE BOX)		= 1		
		<u> </u>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ir records, enter the name of the n		
	<del></del>			
Name of New Registered Agent: N/A				
New Registered Office Address:				
	Enter Florida	street address		
	Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Age	ent:			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl	•	V - V - V - V - V - V - V - V - V - V -		

If Changing Registered Agent, Signature of New Registered Agent

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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

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