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APR 02 2020 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CITID DISCUE.	o Investment Group, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following:	
	Jose Costa		
		Name of Person	
	Costa-Seijo Investment Gr	roup, LLC	
		Firm/Company	
	PO Box 780037		
		Address	
	Orlando, FL 32878		
		City/State and Zip Code	
	jose@jcostagroup.com	to be used for future annual report notif	freation)
For further information of	concerning this matter, please c	·	incarent,
Jose Costa		407 982-9293 at ()	
Name o	of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Roy 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Costa-Seijo Investment Group, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/21/2019 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 Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 mv 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 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>	<u>Address</u>	Type of Action
AMBR Rosa Maria Seijo	Rosa Maria Scijo	PO Box 780037	
		Orlando, FL 32828	■Remove
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Effective date, if other than the date of filing:	N/z	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. 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 ord is filed. Dated		
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Dated March 15	Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
Signature of a member or authorized representative of a member	Dated	March 15 2020 .
		Signature of a member or authorized representative of a member
Jose Costa, Manager Typed or printed name of signee		

Filing Fee: \$25.00