## 49000 284278

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200343256942

05/08/20--01010--006 \*\*25.00

O SIMMONS MAY 27 2020

## **COVER LETTER**

Registration Section

TO:

	porations		
Costa Rica	Surf Trip LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	Meghan McGuire		
		Name of Person	
	Costa Rica Surf Trip LLC		
		Firm/Company	· · ·
	8577 Laurel Drive		
		Address	<del></del>
	Pinellas Park/FL 33782		
	<del></del>	City/State and Zip Code	
	CRsurffrip@gmail.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Meghan McGuire		585 705 5779	
Name o	f Person	at ()	: Telephone Number
Enclosed is a check for the	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 Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Costa Rica Surf Trip LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan	ny were filed on November 14, 2019	and assigned
Florida document number L19000284278		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	<del>.</del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	<del></del>
	City	Zip Code

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
AMBR	Meghan McGuire	8577 Laurel Drive	□Add
		Pinellas Park, FL 33782	□Remove
			■ Change
			□Add
			□Remove
			Change
			□Remove
			□ Change
<del></del>	·		□Add
			□Remove
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□Change
<del></del>			□Add
			Remove
			□ Chunga

	ne LLC.			
<del> </del>				_
<del></del>				
<del> </del>				_
				<del></del>
				<del></del>
				<del></del>
				_
		<del></del>		
	<u> </u>			_
		<del> </del>		<del></del>
				_
ffective date, if other than the date an effective date is listed, the date must be store: If the date inserted in this block locument's effective date on the Department.	specific and cannot be prior does not meet the applications.	able statutory filing requ		
	te, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th day a	fter the
d is filed.	2020			
. <b>A</b> . L	,			
ated April 29	7	rized representative of a m	ember	

Filing Fee: \$25.00