## LZO 000024774

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Corte Augusta, LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dave Bastian Name of Person
David A. Bastian CPA
5327 Primrose Lake Circle
Tampa FL 33647  City/State and Zip Code  Hannah @ DBastan CPA (OM)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dave Bastian at (813), 978 - 8804  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\frac{1}{2}\$\$\\$

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Carte	Avausta LLC.
(Name of the Limited Liability Compac (A Florida Limited L	ny <u>as it now ambears on our records.)</u> Sability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 12000024714	were filed on January 17 and assigned 2020.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	same
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Same
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	ame
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am function with and provided for in Chapter 605, F.S. Or, if this document is

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
MGR	Bob Bryan	718 Diplomat privi	_ CXAdd
	•	718 Diplomat privi Hallandale Beach	□ Remove
		FL 33009	□ Change
MGR	Michelle Bryan		□Add
•			
			Change
			□Add
			□Remove
			□Change
•			□Remove
			[] Change
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			□ Change
			□Add
	•		🗆 Remove
			Change

If amending	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	We are amonding Corte Augusto	<u>l, LL</u> L
to	have both awners present. M	ICHEIR
Bri	yan and Bob Bryan will be 5	0 50
	un ers.	
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Note: If the	date, if other than the date of filing:  — (optional)  — date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Prior date inserted in this block does not meet the applicable statutory filing requirements, this date will seffective date on the Department of State's records.	ursuant to 605.0207 (3 Il not be listed as th
he record spe ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9	Oth day after the
Dated	13.62.0 1 h P	
·	Signature of a member or authorized representative of a member	
	Typed of printed name of signee	

Filing Fee: \$25.00