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To:

Division of Corporations

Email Address:

Fax Number : (850)617-6383

From:

Account Name : JFS CONSULTING SERVICES LLC

Account Number : I20220000092 Phone : (786)440-5553 Fax Number : (786)279-5272

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蝶Enter the email address for this business entity to be used for future HOO annual report mailings. Enter only one email address please.**

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COVER LETTER

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TO: Registration Section **Division of Corporations** COSTA RICA TRUST SERVICES LLC SUBJECT: 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: Jorge Schneider Name of Person J.F.S. Consulting Services Firm/Company 2627 NE 203rd Ste 218 Address Aventura, FL 33180 City/State and Zip Code Pschneider@jfsbizup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jorge Schneider 4405553 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee \$55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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

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| COSTA RICA TRUST SERVICES | | 10 m | <u> </u> |
| (Name of the Limit | ed Liability Company as it now (A Florida Limited Liability Com | appears on our records.) | ² |
| | (A Frontia Emplea Emplin) Com | رين ريسير) | 3 |
| he Articles of Organization for this Limited Li | ability Company were filed | appears on our records.) pany) on 01/29/2020 and assign | رج) ed |
| lorida document number L20000027189 | · | | |
| iorda document nomoci | • | 7 | 6 |
| his amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name of | f the limited liability comps | inv here: | |
| t. It amending name, enter the new name of | the mineu naomity compa | my nere. | |
| | | | |
| he new name must be distinguishable and contain the w | ords "Limited Liability Company | "the designation "LLC" or the abbreviation "L.L.C | |
| Enter new principal offices address, if applic | able: | | |
| Principal office address MUST BE A STREE | | | |
| Principal office agaress MOST BE A STREE | 1 ADDRESS) | | |
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| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | |
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| B. If amending the registered agent and/or i | egistered office address on | our records, enter the name of the new r | egistered |
| igent and/or the new registered office addre | | , | |
| | | | |
| Name of Name Descriptions of Assets | KRAVITZ & CO. PA | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 767 W 41ST STREET | | · |
| | En | ter Florida street address | |
| | MIAMI BEACH | , Florida <u>33140</u> | |
| | City | Zip Code | |
| | | | |

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 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: H24000181616 3

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the I | ock does not meet the applicable statutor | (optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (3 ry filing requirements, this date will not be listed as th |
| record specifies a delayed effecti Lis filed. | e date, but not an effective time, at 12:0 | l a.m. on the earlier of: (b) The 90th day after the |
| ated May 21st | 2024 | |
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Filing Fee: \$25.00