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(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		5/19/21 Tu





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21 MAR 29 AM 10: 42

COVER LETTER.

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TO: Registration of	n Section Corporations
SUBJECT:	Jay Costalla Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	Heather Way
	Way Costa 11 (Firm/Company .
	100 S. Ashley Deire
	Tampa FL 33602 City/State and Zip Code
	Tampa FL 33602 City/State and Zip Code FRESH 1: Feand Company Canail COM E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
lessic	at (732) 585-5363 me of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing Fo	**Solution Filing Fee & Status Status Certificate of Status Certified Copy (additional copy is enclosed) **Control of Status Certified Copy (additional copy is enclosed) **Control of Status & Certified Copy (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 21 MAR 29 AM 10: 42

WayCosta 11c	
(Name of the Limited Liability Company as it now appears on our records.)	
(A Florida Limited Liability Company)	

npany as it now appears on	our records.)
ed Liability Company)	,
any were filed on <u>kan</u>	and assigned
iability company here:	
ability Company," the design	nation "LLC" or the abbreviation "L.L.C."
<u> </u>	
ce address on our recor	ds, enter the name of the new registered
Enter Florida s	treet address
The contract of the contract o	
City	, Florida Zip Code
	ability Company here: ability Company," the design

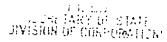
New Registered Agent's Signature, if changing Registered Agent:

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 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 21 HAR 29 AH 10: 42

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jessica Costa	11201 Lake Lanier De	IV/Add
		11201 Lake Lanier De Riverview, FL 33569	[]Remove
			□Change
			\bigcap \text{Add}
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			⊡Change
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			Remove
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			□ Remove
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	ing any other information, enter change(s) here: (Attach additional sheeps if processary) AH 10: 42
	
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an effecti lote: If	date, if other than the date of filing:
record s I is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	Maech 26. 2021.
	Maech 26 . 2021 Heathies Way Signature of a member or authorized representative of a member
	5 <u>5</u>
	Heather Way Typed or printed name of signer