

# L22000474152

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(Requestor's Name)

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(City/State/Zip/Phone #)

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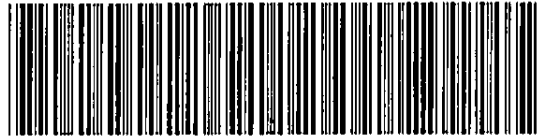
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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COZZA LAW GROUP, PLLC  
PITTSBURGH

March 2, 2023

VIA OVERNIGHT MAIL DELIVERY

Registration Section  
Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Articles of Amendment to Articles of Organization

To Whom It May Concern:

On behalf of our client, A1A Costal Properties, LLC, please accept the enclosed executed copy of the (i) Articles of Amendment to Articles of Organization; and (ii) a check for \$25 for the filing fee in order to amend the Articles of Organization of A1A Costal Properties to change the address of the principal office and the mailing address.

Sincerely,

Emma C. Howard, Esq.  
Cozza Law Group, PLLC  
400 Holiday Drive, Suite 210  
Pittsburgh, PA 15220  
(412) 294-8444

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AIA Costal Properties, 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:

Emma Howard, Esq.

\_\_\_\_\_  
Name of Person

Cozza Law Group, PLLC

\_\_\_\_\_  
Firm/Company

400 Holiday Drive, Suite 210

\_\_\_\_\_  
Address

Pittsburgh, PA 15220

\_\_\_\_\_  
City/State and Zip Code

ehoward@cozzalaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emma Howard

412

294-8444

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 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

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OFFICE OF THE CLERK  
STATE OF FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AIA Costal Properties, 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 11/04/2022 and assigned  
Florida document number L22000474152.

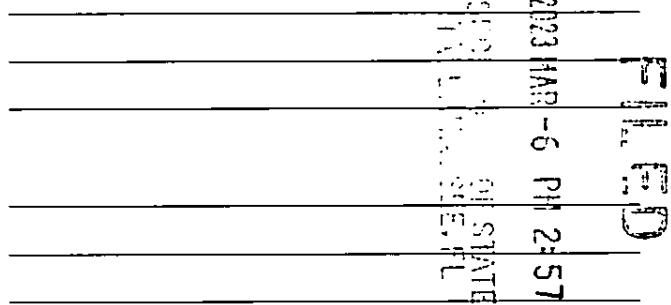
This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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:**

Name of New Registered Agent:

\_\_\_\_\_

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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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 DEPT. OF STATE  
 TALLAHASSEE, FL

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Article II: The street address of the principal office of the Limited Liability Company is: 6 Ocean Dunes Drive,  
Ormond Beach, FL 32176

Article II: The mailing address of the Limited Liability Company is: 6 Ocean Dunes Drive, Ormond Beach, FL  
32176.

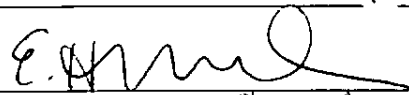
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated March 2, 2023

  
Signature of a member or authorized representative of a member

Emma Howard  
Typed or printed name of signer

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OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FL

**Filing Fee: \$25.00**