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COVER LETTER

Tallahassee, FL 32314

то:	Registration Se Division of Cor			
eup ie		ARITIME ADVENTURES LL	C	
SUBJE	UI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		MICHAEL COSCULLUE	LA	
			Name of Person	
		COSCULLUELA & MAR	ZANO P.A.	
			Firm/Company	
14261 COMMERCE WAY SUITE 205				
			Address	
		MIAMI LAKES, FL 3301	6	
			City/State and Zip Code	
		MCOSCULLUELA@CMP	ALAW.COM	
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please c	all:	
Mie	had Co	s cultuela f Person	at (305) 8/7- Area Code Daytime	-2171
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	ne following amount:		
≡ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Sec	ction
	Division of C	orporations	Division of Corp	porations
	P.O. Box 632	.7	The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COSCU MARITIME ADVENTURES LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on APRIL 27, 2023	and assigned
Florida document number L23000208754	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
		2023
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-
•	D.E.C.C.	 .
Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
		<u> </u>
		$\overline{\omega}$
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
3. If amending the registered agent and/or registere	ad office address on our records anter the	nama of the new regist.
s. It amending the registered agent and/or registere agent and/or the new registered office address here:	·	hame of the new regist
Name of New Registered Agent:		
New Registered Office Address:	5 - 51 -1 - 11	
	Enter Florida street address	
	, Floric	
	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>	Name	Address	Type of Action
.			□Add
			🗆 Remove
			□Change
MBR	JUAN A. COSCULLUELA	16200 W. PRESTWICK PL MIAMI LAKES, FL 330	
			= Remove
			Change
MBR	GABRIELLA A. COSCULLUELA	15920 W. PRESTWICK PL MIAMI LAKES, FL 330)1. □Add
			= Remove
MBR	ANABELLA G. COSCULLUELA	16200 W. PRESTWICK PL MIAMI LAKES, FL 330)]. □Add
			= Remove
			_ □Change
			□Add
			□Remove
			_ Change
			_ 🗆 Add
			□Remove
			Change

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ective date, if other than th	e date of filing:		(optional)	
effective date is listed, the date meg. If the date inserted in this l	ust be specific and cannot be prior block does not meet the applic Department of State's records.	able statutory filing requ	n 90 days after filing.) Pursuant irrements, this date will not	t to 605.020 be listed a
cord specifies a delayed effect s filed.	ive date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th da	ay after the
MAY 16TH	2023			
				

Typed or printed name of signee