## L23000243478

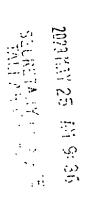
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## **COVER LETTER**

TO:	Registration Sec Division of Corp		•	
SUBJEC	Costa Color	Ops. LLC		
SUBJEC	- 1 :	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		Arianna de Ona		
		<del></del>	Name of Person	
			Firm/Company	<del></del>
		21800 SW 162 Avenue		
		Miami, FL 33170	Address	2023 KAY 3-531.1
		arianna@costafarms.com	City/State and Zip Code	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
			to be used for future annual report notification)	<del></del>
		oncerning this matter, please c		17. C
Arianna			305 247-5135 at ()	
	Name of	Person	Area Code Daytime Telepho	ne Number
Enclosed	l is a check for th	e following amount:		
<b>■ \$</b> 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 S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see 1. Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Costa Color Ops, LLC

(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our reclability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000243478</u> .	were filed on May 17, 2023	and assigned
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 Liabili	ity 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 a	ddress on our records, er	
agent and/or the new registered office address here:	_	9.36 7.77
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida street ad	ldress
		, Florida
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 6	s, and I am familiar with and 05, 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Arianna de Ona	21800 SW 162 Avenue	■Add
		Miami, FL 33170	□Remove
			□Change
			□Add
			□ Remove
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ective date, if other than t	he date of filing:		(optional)	
effective date is listed, the date in e: If the date inserted in this	he date of filing: nust be specific and cannot be prio block does not meet the appli	r to date of filing or more than cable statutory filing requir	90 days after filing.) Pursua ements, this date will no	int to 605.020 It be listed a
ument's effective date on the	Department of State's records			
and anguities a delayed affect	tive date, but not an effective t	ima at 12:01 a m, on the e	arliar of (b). The 90th	day after the
s filed.	tive date, but not an effective t	ane, at 12.01 a.m. on the c	iner or. (b) The your	day arter tin
May 22	2023			
ed May 22		·		
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Typed or printed name of signee