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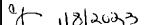
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	CT: Costiero LI	LC		
SOBJE	C1.	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Kimberly M.		
			Name of Person	
		ZenBusiness Inc.		
		··	Firm/Company	
		336 E College Ave. Ste 30	l	
			Address	
		Talllahasse, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.co	m to be used for future annual report	natifications
For furtl	her information c	oncerning this matter, please ca	·	To Care and The Ca
Kimberly C/O ZenBusiness Inc.			844 4936249 at ()	•
Name of Person			ytime 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Costiero LLC		Z023 E30 18	AM 7. 0
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		иц <i>)</i> ; ()
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	 -
Florida document number 1.23000382220			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	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 agent and/or the new registered office address here:	address on our records, <u>enter the nai</u>	ne of the new regist	<u>tered</u>
Name of New Registered Agent:			
New Registered Office Address:			<u>. </u>
	Enter Florida street address		
	, Florida		_
	City	Zin 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>	Address	Type of Action
AMBR	Christopher Terry Chancey	1445 Sadler Rd	⊒ ∧dd
		#1040	□Remove
		Fernandina Beach, FL 32034	_
			□Add
			□Remove
			□Change
			DAdd
			□Remove
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Note: II t	date, if other than the diverged the date is listed, the date must like date inserted in this block is effective date on the Dep	be specific and cannot be be does not meet the	applicable s	of filing or more tha	(optiona in 90 days after filir tirements, this da	l) g.) Pursuant to 605.02 te will not be listed	207 (as t
record sp d is filed.	occifies a delayed effective	date, but not an effec	tive time, a	12:01 a.m. on the	earlier of: (b)	The 90th day after th	1e
Dated	December, 13	. 2023	·				
	/s/ Sarah Chancey						
	S	ignature of a member of	r authorized	epresentative of a n	rember		