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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TALLAMASSEE, FLORIDA 2024 JAN 30 AM 9: 46 MENTED

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COVER LETTER

TO: Registration So Division of Cor			
COSTABE	LLA REAL ESTATE, LLC		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FATIMA M. JORGENSE	N	
		Name of Person	
	COSTABELLA REAL ES	TATE, LLC	
		Firm/Company	
	P.O. BOX 9082		
		Address	
	PANAMA CITY BEACH,	FL32417	
	Fatima@costabellarealestat	City/State and Zip Code e.com	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Fatima Jorgensen		850 276-9788	
		at ()	
Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he 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		Street Address:	ation
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	27	The Centre of T	•
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

24 JAN 30 AM ES: 08

Costabella Real Estate, ELC.		- ·	
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	s LATE. LORIDA
The Articles of Organization for this Limited	Liability Company were filed on $\frac{12}{2}$		
lorida document number L23000550917	•		
his amendment is submitted to amend the fo	llowing:		
A. If amending name, <u>enter the new name</u>	of the limited liability company h	nere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.I	C."
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		·
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>		
3. If amending the registered agent and/or	registered office address on our	records, enter the name of the new	registe
gent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	Fatima Miranda Jorgensen		
New Registered Office Address:	2733 Joan Avenue		
New Aegistered Office Address:	Enter Flo	orida street address	
	Panama City Beach	. Florida 32408	
	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
MGR	Fatima Miranda Jorgensen	2733 Joan Avenue, Panama City Beach, FL 32408	= Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
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	01/02/2024
effi te:	we date, if other than the date of filing:
cores fil	d 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
ı	01/30/2024
ed .	, <u></u> ,
	Signature of a member by authorized representative of a member
	Signature of a member or authorized representative of a member Fatima Miranda Jorgensen