

L24000043509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

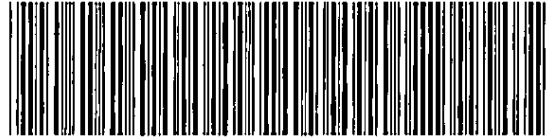
(Document Number)

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02/02/24--01012--015 **52.50

FILED
2024 FEB -2 AM 8:40
SEC. OF STATE
TALLAHASSEE, FL

AB

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

FILED

2024 FEB -2 AM 8:41

COTSA VIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATE OF FLORIDA
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 1/23/2024 and assigned Florida document number L24000043509.

This amendment is submitted to amend the following:

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

COSTA VIDA, LLC

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:

382 SW 58th Ave

(Principal office address MUST BE A STREET ADDRESS)

Plantation, FL 33317

Enter new mailing address, if applicable:

382 SW 58th Ave

(Mailing address MAY BE A POST OFFICE BOX)

Plantation, FL 33317

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:

382 SW 58th Ave

Enter Florida street address

Plantation

City

Florida 33317

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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2024

RON HAIBI
382 SW 58TH AVE
PLANTATION, FL 33317

SUBJECT: COTSA VIDA, LLC
Ref. Number: L24000043509

We have received your document for COTSA VIDA, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 224A00003750