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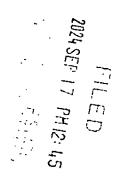
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# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	CAE COSTA	A LLC nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return ali correspor	ndence concerning this matter	to the following:	
	<i>J</i>	Name of Person  COSTA LLC  Firm/Company	
	6819	5 NW 74th CT	<del></del>
	Par Par E-mail address: (1	Kland FL 33 ( City/State and Zip Code  3579 c gmal Co, to be used for future/annual report notif	067 M
For further information co	ncerning this matter, please ca	_	
Meghan Name of	COSTA Person	at (315) 200 Area Code Daytime	735Z Telephone Number
Enclosed is a check for the	following amount:		
Ş∠\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

imited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/3/24Florida document number \_L240002 0 7539 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" 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 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: Parkland Florida 33067

## 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	Meghan CoSTA	68K NW 74K C+	⊠Add
		6815 NW 74th C+ Parkland FL 33067	□Remove
			Change
AMBIC	Chrysantha CosTA	6815 NW 74th Ct	□Add
	'	6815 NW 74th Ct Partland FL 33067	Remove
			□Change
			□Add
			□ Remove
			□Change
A <del></del>	***************************************		□Add
			□Remove
			Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change



Effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list locument's effective date on the Department of State's records.  [record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d is filed.  [A] [2024]	or more than 90 days after filing.) Pursuant to 605 0203		
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