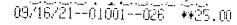
16000087284

(Requestor's Name)
(Address)
(Address)
(Addition)
(City/State/Zip/Phone #)
PICK-UP WAIT
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(Document Number)
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Amendame

SEP 1 7 2021 I ALBRITTON

COVER LETTER

Division of Corporations				
VEYSIONES CA	serata, ccc	<u> </u>		
Name of Lim	ited Liability Company			
nendment and fee(s) are sub-	mitted for filing.			
ence concerning this matter	to the following:			
Agosti	n CASE(Z)A			
Zaversia	WES CASCIETA LLC			
	Firm/Company			
10800 Nu	1 82nd ter ouit	3 Doml FL		
Dore	al, FL 33178			
E-mail address: (i	to be used for future annual report notific	cation)		
cerning this matter, please ca	all:			
Cosenta	at (786) 6 12 90	3/2 Telephone Number		
following amount:				
☐ \$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)		
ction	Street Address: Registration Sect	tion		
	Name of Lim Name	Name of Limited Liability Company mendment and fee(s) are submitted for filing. ence concerning this matter to the following: Agostin Caseata Name of Person Triversiones Caseata and Company 10800 NW 82nd ter unit Address Doral, FL 33178 City/State and Zip Code 100 Caseata Camala address: (to be used for future annual report notificerning this matter, please call: Caseata at 786, 61292 erson Area Code Daytime \$30.00 Filing Fee & Certificate of Status Certificate of Status Street Address:		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

Inversiones Cased	A, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our reco ability Company)	ords.)
Typesiones (Name of the Limited Liability Company (A Florida Limited Liability Company we Florida document number 416000087284)	vere filed on <u>OS/0'3</u>	1/2016 and assigned.
Florida document number <u>L16000087284</u> .		ن .
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ructions, cc	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L	EC or the appreviation "L.L.C.
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	10800 NW	82nd terunits
(Mailing address MAY BE A POST OFFICE BOX)	Doral, F	33178
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street add	ross
	City	FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	erw.	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

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
AMBR	MATINA COSTA	2293 NU 82nd ALE	□Add
		Doral, FL 33127	Remove
			□Change
P	Asistin Coscalo	2293 NW EDA AVE	🗆 🖊 dd
		Doral , FL 33127	□Remove
			ZiChange
			□Add
			🗆 Remove
			Change
			□ Add
			Remove
			□Change
			□Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
••	
_	
Note:	ive date, if other than the date of filing:
he recor	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 led.
Dated	08/19/2021.
	a anta
	Signature of a member or authorized representative of a member
	Doughin Costiz to

Filing Fee: \$25.00