1/60001/6533

Rush Couries (Requestor's Name)
(Requestor's Name) 1400 V. 1 (age Sq. B) W
1400 V. 1 (age 50, B) VI (Address) (Address)
(Address) 528 - 525 (City/State/Zip/Phone #)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800314362098

06/07/18--01001--007 **25.00

10 IIIN -6 PM 3: 39

FILED AND STATE

k SALY JUN 7 2018

COVER LETTER

то		stration Sec sion of Corp			
		CASA TEQ	IUILA STUART, LLC		
SU	BJECT:		Name of Limi	ited Liability Company	
The	e enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Plc	ase return	all correspor	ndence concerning this matter	to the following:	
			JOHN HOLDER		
				Name of Person	
			EXECUTIVE MANAGEM	MENT & CONSULTANTS INT	
Firm/Company					
			777 NW 51ST STREET	SUITE 116	
				Address	
			BOCA RATON, FL 3343	1	
				City/State and Zip Code	
			JOHN@EMCILLC.COM	to be used for future annual report notific	
	e .i .				anony
For	r further in	formation co	oncerning this matter, please or	all:	
JC	HN HOLI	DER		561 562-5178 at ()	
		Name of	Person		Telephone Number
En	closed is a	check for th	e following amount:		
	\$25.00 F	iling 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 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18	FIL	ΕL)
3); 27 ()	JUN -6	AH ~r	7: ₂₉

CASA TEQUILA STUART, LLC

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

The Articles of Organization for this Limited Liability Florida document number L16000116533	y Company were filed on 06/16/2016	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the b	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LL	C" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	•	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		lorida
	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Rosendo Jimenez-Sanchez	6019 SW BALD EAGLE DR	
		PALM CITY, FL 34990	■ Remove
			Change
			D Remove
			Change C
			□ Add ?? ?? ?? ?? ?? ??
			☐ Change
			□ Remove
			☐ Change
			Remove
			Change
			□ Add
			□ Remove
			Charace.

					*··-	 _
						·
						
		<u></u>				<u> </u>
						57.0
						10000000000000000000000000000000000000
<u></u>						
		<u></u>				
						
	 		<u>.</u>		- 	
·	····					
		•	· ·			
		· =				
ffective date, if oth	er than the date	of filing:		551	(option	al)
lote: If the date inser	rted in this block do	oes not meet th	e applicable st	atutory filing red	uirements, this o	ling.) Pursuant to 605.020 late will not be listed a
ocument's effective of	age on the Departi	ment of State 3	records.			
e record specifies The 90th day af			but not an e	effective time	e, at 12:01 a.	m. on the earlier (
ata d			<i></i> >			
ated				_		
				-		
	Sinh		AND AVEN	presentative of a	member	

Page 3 of 3

Filing Fee: \$25.00