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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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CORPORATE When you need ACCESS to the world

ACCESS, ____

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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| SID IECT. | Casa M120 | 95, LLC | | | |
| SUBJECT: | | Name of Lin | nited Liability Company | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| | | ondence concerning this matter | - | | |
| | | Jose L. Espinosa | | | |
| | | | Name of Person | | |
| | | Jose L. Espinosa, P.A. | | | |
| | | <u> </u> | Firm/Company | | |
| | | 9155 S. Dadeland Blvd, # | 1506 | | |
| | | | Address | | |
| | | Miami, Fl 33156 | | | |
| | | | City/State and Zip Code | | |
| | | Jespinosaesq@hotmail.com | | | |
| For further in | formation c | E-mail address: (oncerning this matter, please c | to be used for future annual report not all: | ification) | |
| Jose L. Espin | osa | | 305 448-5252 at () | · | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number | |
| Enclosed is a | check for th | ne 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) | |
| | ing Address istration S | | Street Address: Registration Se | ection | |
| | | orporations | Registration Se Division of Co | | |
| P.O | Box 632 | 7 | The Centre of | l'allahassee | |
| Tall | ahassee, F | L 32314 | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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Casa M1205, LLC

| | (A I londa Ellino | Liability Company) | - |
|--|---|-------------------------------------|--|
| The Articles of Organization for this Limited I | Liability Company | were filed on 05/24/1 | 7 and assigned |
| This amendment is submitted to amend the fol | llowing: | | |
| A. If amending name, enter the new name | of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liab | ility Company," the design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | 9155 S. Dadeland Bl | vd . |
| (Principal office address MUST BE A STRE | ET ADDRESS) | #1506 | |
| | | Miami, Fl 33133 | |
| Enter new mailing address, if applicable: | | 9155 S. Dadeland Bi | vd |
| (Mailing address MAY BE A POST OFFICE | (BOX) | #1300 Miami, Fl 33133 | |
| | | | |
| | | | |
| B. If amending the registered agent and/or agent and/or | registered office | address on our record | ds, enter the name of the new reg |
| B. If amending the registered agent and/or agent and/or the new registered office addressed of New Registered Agent: | registered office | address on our record | ds, enter the name of the new reg |
| Name of New Registered Agent: | registered office ss here: 9155 S. Dadela | | ds, enter the name of the new reg |
| gent and/or the new registered office addre | <u>ss here</u> : | | |
| Name of New Registered Agent: | <u>ss here</u> : | nd Blvd, #1506 Enter Florida sti | |

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ve 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 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 | Juan Carlos Rivero Toledo | 4250 Biscayne Blvd, #803 | □Add |
| | | Miami, Fl 33137 | |
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| smending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| ffective 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.) Pursuan total: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not occurrent's effective date on the Department of State's records. | nt to 605 0207 (3½b) be listed as the |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d is filed. | iny after the |
| alcd August 17th 202d | |
| WW. | |

Filing Fee: \$25.00

Typed or printed name of signer