118000179182

	.	
(Requi	estor's Name)	
(Addre	ess)	
(Addre	<u></u>	
(Addie	:55)	
(City/S	state/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
ockined copies		
Special Instructions to Fili	ng Officer:	
		'

Office Use Only



800321263878

12/03/18--01022--013 **25.00

18 DEC -3 PH 1:38

K SALY 050 - 5 2018

COVER LETTER

Division of Cor		,	
CASANA I SUBJECT:	LLC		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ALVARO CORREA		
		Name of Person	
	2201 N COMMERCE PKV	Firm/Company	
	2201 N CONNICIONED PR	Address	
	WESTON, FL 33326	Addi Css	
	NEWREALTY@HOTMAI	City/State and Zip Code L.COM	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	
ALVARO CORREA		954 668-8877 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing 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



CASANA 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 Compa	any were filed on 7/23/2018	and assigned
Florida document number L18000179182		
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 E	Liability Company," the designation	a "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere		
registered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address c
	City	, Florida
New Registered Agent's Signature, if changing Registered Ag		,
·		. I Continue and a second society of
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp	i agree to act in this capacii	y, i juriner agree to compty with tr

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> ALVARO ERNESTO CORREA	Address	Type of Action
MGR	JR 		
		2201 N COMMERCE PKWY WESTON, FL 33326	■ Remove
		<u> </u>	Change
			Add
			□ Remove
			G ange
******			DEC Add 3 Power 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Remove
			会 一 直 Change
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

	· · · · · · · · · · · · · · · · · · ·				
	<u> </u>				
					_
		<u> </u>		- · · ·	18 DEC -3 PH 1:38
					# T
					\c\
		-		3-2-	16-3 PH
	<u> </u>	<u> </u>			— <u> </u>
					<u></u> 3
<u> </u>					5) X
					
					
					
			·		
					
				, . <u>.</u>	
					
ffective date, if ot	her than the date of fil	ling:		(optional) 0 days after filing.) Pursuant to	(05.0207)
an effective date is list	ed, the date must be specific erted in this block does no	and cannot be prior to do not meet the applicable	ate of filing or more than 9 statutory filing require	ments, this date will not be	o 605.0207 (e listed as t
locument's effective	date on the Department of	of State's records.			
e record specifie	s a delayed effective	e date, but not a	n effective time, a	: 12:01 a.m. on the e	arlier of:
The 90th day a	fter the record is file	ed.			
Dated		_ ,			
	141	/ -1 -	- -		
			ed representative of a mer	ala see	_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00