Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CONTADORNIAMI.COM INC

Account Number: 120200000130 Phone: (954)345-7887 Fax Number: (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CASA TITO LLC

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Corporate Filing Menu

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CASA TITO LLC				
(Name of the Limited Liability Count (A Florida Limited	any 48 it now appears on an Lability Company)	r records)		
The Articles of Organization for this Limited Liability Company Florida document number 1.21000222534	y were filed on	1	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the	abbreviation "L.I.	.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)				· · · · · · · · · · · · · · · · · · ·
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B. If amending the registered agent and/or registered office a	ddragg an one seconds	andau Alia was		
agent and/or the new registered office address here:	ources on our records,	enter the hai	V. S. C.	registered 2021
Name of New Registered Agent:			27	<u>`</u>
New Registered Office Address:	·		10 S	. 15
	Enter Florida street e	address	ربار ربار	- P1
 -	Chy	_, Florida	Zip Code	<u>-</u>
New Registered Agent's Signature, if changing Registered Agent:			.) 2 2.	0
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the abligations of my position as registered agent as po being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	verformance of my dutie rovided for in Chanter (is, and Lam _y SAS FS Or	familiar with a if this docum	and
IfChung	ing Registered Avent Signal	HEA Of Name Day	gistanad Amana	_

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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	DICONO, ANTONIO MARIO	1549 NE 123RD ST	
		NORTH MIAMI, FL 33161	□Remove
			[] Change
			□Remove
			□Change
			EJAdd
			Change
<u></u>			
		Remove	
			
		□Rcmove	
			[]Change
			
			⊡Remove
			LIChange

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D. If am	ending any other information, ente	er change(s) here: (Attach additional sheet	s, if necessary.)	
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(lfan effe <u>Note:</u> Ì	re date, if other than the date of filition is instead to the date is listed, the date must be specific at the date inserted in this block does not at the Department of	and cannot be prior to date of filing or more than 90 d t meet the applicable statutory filing requireme	_ (optional) ays after filing.) Persuant to 605. ints, this date will not be liste	0207 (3)(b) ad as the
If the record record is file		ot an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th day after	the 202
Dated _	ULY 6TH	2021		الل
	Segmenty of	a member or authorized representative of a member	A \$ 5 5 5	FILED JUL 15 P
	ROSANA I IBARRA GOMEZ	[لى جار ئىرى:	I
		Typed or printed name of signee		2:0