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COVER LETTER

TO: Registration Section **Division of Corporations** CASA CONSTRUCTION AND OUTDOORS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lewis C Lawrence II Name of Person Firm/Company 4847 Empire Avenue Address Jacksonville, FL 32207 City/State and Zip Code lewis@casaconstructionjax.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lewis C Lawrence II Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60,00 Filing Fee. ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 2024 JUH 16 AM 8: 11
SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASA CONSTRUCTION AND OUTDOORS 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 L Florida document number L24000112095	iability Company were filed on March 5.	2024 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company." the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	<u> </u>
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	
B. If amending the registered agent and/or a agent and/or the new registered office addre	registered office address on our record ss here:	s, enter the name of the new registered
Name of New Registered Agent:	Lewis C Lawrence II	
New Registered Office Address:	4847 Empire Avenue	
	Enter Florida str	eet address v 3
	Jacksonville	Florida 32207 Fig. Florida 4p Gode Fig. Florida
New Registered Agent's Signature, if changing l	City: Registered Agent:	Fip Gode
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	rer and complete performance of my distered agent as provided for in Chapter registered office address. I hereby conchange.	uties, and I am familiar Syith and error is er 605, F.S. Or, if this to cument is

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	Joseph E Nelms Jr	8243 Cutter Place	□Add
		Jacksonville, FL 32216	=Remove
			□Change
			□Add
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