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(Re	questor's Name)	
	,	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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TALLAHASSEE, HIDERS

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	CASA MIA	MI REALTY, LLC		
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		7217
Please return all corresp	oondence concerning this matter	r to the following:		TALLATIANS
	RAFAEL DE ARAUJO, ESQ.		IL LANGE FLORIS	
		Name of Person		
LAW OFFIC		E OF RAFAEL DE ARAU	JO, PA	8
		Firm/Company		
1221 BRICKELL AVENUE, SUITE 900		900		
		Address		-
	MIAMI, FL 33131			
	-	City/State and Zip Code		-
RAFAEL@DEARAUJOLAW.COM E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please	call:		
RAFA	AEL DE ARAUJO	at (305)	542-6899	
Name of Person Area Code & Daytime Teleph		ime Telephone Numb	 2r	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certifie	ate of Status &
Regis	LING ADDRESS:	STREET/COUI Registration Sec		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTÍCLES OF AMENDMENT TO ARTÍCLES OF ORGANIZATION OF

CASA M	IIAMI REALTY, LLC	on our records \	·
(<u>Name of the Limited Liabili</u> (A Florida	Limited Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability Florida document numberL11000106871	Company were filed on	09/19/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>'e</u> :	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	any," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		Ä	·
(Principal office address MUST BE A STREET ADD	RESS)		5
		A	8 7
		हर्ने - स्थान	
Enter new mailing address, if applicable:		<u>න දී</u>	3 m
(Mailing address MAY BE A POST OFFICE BOX)		ORA.	
		fig.2	N.
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, <u>enter the</u>	e name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addre	SS
		, Florida	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
<u>MGRM</u>	LETICIA G	ONCALVES	11900 BISCAYNE BLVD, S MIAMI, FL 33181	UITE 104 ☐ Add ☑ Remove
				Add Remove
				A THE MOVE
				Add Remove
				AddRemove
D. If ame	ending any other in	formation, enter ch	ange(s) here: (Attach additional sheets, i	
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-				
	Stignst	ъ <u>,</u>	012.	
		Signature of Ame	mber or authorized representative of a member	er
			RAFAEL DE ARAUJO	
		T	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00