

L07000126364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

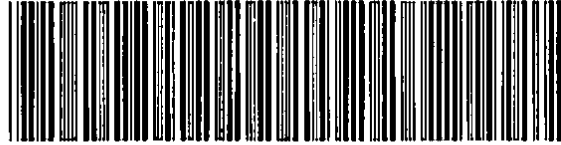
(Business Entity Name)

(Document Number)

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DIRLAW

Diego L. Restrepo, P.A.
Attorneys at Law

Member:

Florida Bar Association

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Member:

Florida Institute of Certified
Public Accountants

October 8, 2020

Certified Mail Return Receipt Requested
No. 7017 3380 0000 6307 7233

Florida Department of State
Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Ref: Articles of Amendment to the Articles of Organization for Casa Grove Properties, LLC, a Florida limited liability company, (the "Company")

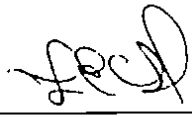
To whom it may concern:

Enclosed please find the Articles of Amendment for the company referenced above and check # 1931 in the amount of \$25.00 payable to the Florida Department of State to cover the filing fee.

Should you have any question, please do not hesitate to call us.

Very truly yours,

Diego L. Restrepo, P.A.

By: 

Luisa Elena Cuadrado, Paralegal

w/ enclosures

COVER LETTER

Registration Section
Division of Corporations

CASA GROVE PROPERTIES, LLC

SUBJECT: _____
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUISA ELENA CUADRADO

Name of Person

DIEGO L. RESTREPO, P.A.

Firm/Company

2600 SOUTH DOUGLAS ROAD, SUITE 913

Address

CORAL GABLES, FL

City/State and Zip Code

LUISA@RESTREPOLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUISA ELENA CUADRADO 305 447-9430

Name of Person Area Code Daytime Telephone Number

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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CASA GROVE PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 12/21/2007 and assigned
Florida document number L07000126364.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

A _____
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

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 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

Recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

IBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	DANIEL LONDONO	4701 N MERIDIAN AVE UNIT 424	☒ Add
		MIAMI BEACH, FL 33140	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective date, if other than the date of filing: _____ (optional)

(If 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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.

Dated OCTOBER 8TH

2020

Signature of a member or authorized representative of a member

DIEGO L. RESTREPO ESQ., AS AUTHORIZED REPRESENTATIVE

Typed or printed name of signee