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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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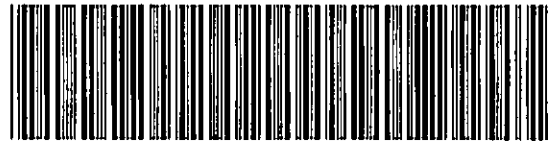
(Business Entity Name)

(Document Number)

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3-28-22  
TAS  
2-21-22

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CASALA L.L.C  
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:

Martin DELL OCA  
Name of Person

Blue Mox Partners Corp  
Firm/Company

840 Brickell Avenue Suite 1130  
Address

MIAMI, FLORIDA 33131  
City/State and Zip Code

MDElloca@MDEllCONSULTING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin DELL OCA at ( 305 ) 607-3493  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

CASALA L.L.C

(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 Company were filed on 5/02/2011 and assigned Florida document number L11000051507.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

848 Brickell Avenue

Suite 1130

Miami, Florida 33131

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

848 Brickell Avenue

Suite 1130

Miami, Florida 33131

**B. 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:

Blue Max Partners Corp

New Registered Office Address:

848 Brickell Avenue Suite 1130

Enter Florida street address

Miami

City

Florida

33131

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**

Title	Name	Address	Type of Action
MGR	MORTIN DELL OCA	777 Brickell Avenue	<input type="checkbox"/> Add
		Suite 500-49	<input checked="" type="checkbox"/> Remove
		MIAMI, FLORIDA 33131	<input type="checkbox"/> Change
MGR	MIA BIZ GROUP LLC	848 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Suite 1130	<input type="checkbox"/> Remove
		Miami, Florida 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

If the 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 record is filed.

Dated March 9<sup>th</sup> 2022

McCall's  
Signature of a member or authorized

Signature of a member or authorized representative of a member

Martin Zell OCA  
Typed or printed name of signer

**Filing Fee: \$25.00**