L03000018522

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2024 OCT 15 AM 9: 35 SECRETARY OF STATE TALL ARA SELECTION

COVER LETTER

TO:

Registration Section

Divisi	on of Cor	porations		
	ASA RON	N#I LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed A	articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
		EILEEN J PIPER		
			Name of Person	<u> </u>
		CASA RON#1 LLC		
			Firm/Company	
		1961 NE 206 TERRACE		
			Address	
		MIAMI FL 33179		
			City/State and Zip Code	
		RONALDEPIPER@COMC	to be used for future annual report n	otification)
For further info	ormation co	oncerning this matter, please c		
EILEEN J PIPI	ER		305 582-8067	
	Name o	f Person	at () Area Code Dayı	time Telephone Number
linclosed is a cl	heck for th	ne following amount:		
□ \$25.00 Fili	ng Fee	S30.00 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)
	ng Addres Stration S		Street Address: Registration S	
Divis	sion of C	orporations	Division of C	Corporations
	Box 632 hassee, I	7 FL 32314	The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASA KON #1 LLC			
(Name of the Limit	ed Liability Company as it now (A Florida Limited Liability Com	appears on our records.) apany)	
The Articles of Organization for this Limited L Florida document number L03000018522	iability Company were filed	on 05/22/2003	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability compa	any here:	
The new name must be distinguishable and contain the v	ords "Limited Liability Company	"the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	T ADDRESS)		2024
			2024 OCT 15
nter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>		न <u>५</u> १ अ
3. If amending the registered agent and/or agent and/or the new registered office addre		our records, enter the nam	e of the new regist
Name of New Registered Agent:	EILEEN J PIPER		
New Registered Office Address:	1961 NE 206 TERR		
	En	nter Florida street address	
	МІЛМІ		179
	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

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
MGRM	PIPER, RONALD E	1961 NE 206TH TERRACE MIAMI, FL 33179	□Add
			≡ Remove
			□ Change
MGRM	PIPER, EILEEN J	1961 NE 206TH TERRACE MIAMI, FL 33179	≣ ∧dd
			□Remove
			□Change
			□Add
			□ Change
			🗀 Add
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			□Change

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Effectiv	re date, if other than the date of filing: 08/27/2024 (optional)
Note: [nt's effective date on the Department of State's records.
Note: I docume e 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
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