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EXAMINER



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Casa Latino La Rosa Realty Name of Limited Liability Company	ين
The enclosed Articles of Amendment and fee(s) are submitted for filing.	10 AUG
Please return all correspondence concerning this matter to the following:	25
Michael La Rosa Name of Person La Bosa Bealty	10 AUG 25 AND 46
La Bosa Bealty Firm/Company	
1420 Celebration Blvd., Ste. 100	
Celebration, FL 34747 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mike La Rosa at (321) 934-1475 Name of Person at (321) 934-1475 Area Code & Daytime Telephone Number	<u>.</u>
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Casalation la Bre	on Realth 11C	a contract
(Name of the Limited Liabil (A Florid	ity Company as it adw appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability	• •	_ and assigned
Florida document number <u>L040000Lo1471</u>	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
La Rosa Realty, LLC. The new name must be distinguishable and end with the w		
The new name must be distinguishable and end with the w "L.L.C."	words "Limited Liability Company," the designation "LLo	C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		name of the new
No. of CN. Porton 14		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	ee
	Linei Fiorida Sireel daare.	J.C
	, Florida	Zin 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michael Lahosa	1420 Celebration Blvd. Sile. 100 Celebration, FL 34747	Add Remove
			Add Remove
		<u></u>	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
_			
			-
Dated			 -
		r or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00