## L06000095604

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	····
(Document Number)	
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SLUBETARY OF STATE
FALL AHASSEE, FLORIC

C. LEWIS

SEP 1 5 2010

EXAMINER

## **COVER LETTER**

TO: Registration Division of C		•	•	
SUBJECT.	CASA D	AZZURRO LLC		
SUBJECT:		ited Liability Company	<del></del>	
	of Amendment and fee(s) are subspondence concerning this matter	-		
		PATRICK MOYAL		
		Name of Person		
	MOYAL ACCOUNTING SERVICES INC			
		Firm/Company		
	10796	10796 PINES BVLD SUITE 204		
•	PEMI	BROKE PINES, FL 3302 City/State and Zip Code	26	
•	MOYALA	CCOUNTING@GMAIL. to be used for future annual report i	COM	
For further information	1 concerning this matter, please of		(Mileston)	
PΔ	TRICK MOYAL	at ( 954 )	430-3930	
	e of Person	Area Code & Da	ytime Telephone Number	
•	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regi Divi P.O.	Stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 SEP 14 PM @: 22

CAS	<u>A D'AZZURRO LLO</u>	51.U1	RETART OF STALE.
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now apported Limited Liability Company	ears on our records! 5 CC r	MADDELT LOND
The Articles of Organization for this Limited Liabilit Florida document number L06000095604	y Company were filed on _		and assigned
This amendment is submitted to amend the following	<b>;</b> :		
A. If amending name, enter the new name of the	limited liability company h	ere:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Con	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
•			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
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 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.

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	YAIL KORCHIA	7000 ISLAND BLVD APT 3004 AVENTURA, FL 33160	✓ Add Remove
			Add Remove
•			Add Remove
<del></del> ,			Add Remove
			Add Remove
<del></del>			NAdd Remove
D. If amend	ling any other information, ent	er change(s) here: (Attach additional sheets, if necessa	nry.)
			2010 SEP 14
Dated	AUGUST 31	, <u>2010</u> .	PM 22 SEE FLORID
	Signature of	a member or authorized representative of a member	<del></del>
		ERIC KORCHIA	

Page 2 of 2