

LD0000118439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



200162486822

12/03/09--01015--004 \*\*25.00

FILED  
10 JAN -5 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
JAN 5 2010  
EXAMINER

S. HAWKES

DEC 24 2009

EXAMINER

S. HAWKES

DEC 24 2009

EXAMINER

Office Use Only

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 24, 2009

JUAN SANTA CRUZ  
517 DELTONA BLVD SUITE A  
DELTONA, FL 32725

SUBJECT: CASA LATINO REALTY OF DELTONA LLC  
Ref. Number: L06000118439

We have received your document for CASA LATINO REALTY OF DELTONA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on October 21, 2009.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 409A00039172



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2009

JUAN SANTA CRUZ  
PO BOX 915814  
LONGWOOD, FL 32791

SUBJECT: CASA LATINO REALTY OF DELTONA LLC  
Ref. Number: L06000118439

We have received your document for CASA LATINO REALTY OF DELTONA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 109A00037205

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LATINO REALTY GROUP LLC  
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:

JUAN SANTA CRUZ

Name of Person

CASA LATINO REALTY OF DELTONA

Firm/Company

517 DELTONA BLVD. SUITE A

Address

DELTONA FL 32725

City/State and Zip Code

JSANTACRUZ@CFI.RR.COM

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

For further information concerning this matter, please call:

JUAN SANTA CRUZ

Name of Person

at (407) 310-3790

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input 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/COURIER ADDRESS:**

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

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

CASA LATINO REALTY OF DELTONA LLC

(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 12/12/06 and assigned  
Florida document number L06000118439

FILED  
10 JAN -5 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 end with 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)

517 DELTONA BLVD SUITE A  
DELTONA FL 32725

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 915814  
LONGWOOD FL 32791

**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:

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
 JAN - 21 2:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

---



---



---



---



---

Dated 12-15-09

*[Handwritten Signature]*

Signature of a member or authorized representative of a member

JUAN SANTA CRUZ

Typed or printed name of signee