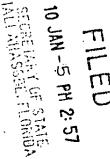
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(Requestor's Name)	
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NKES \$ 2010 **EXAMINER**

Ker Custon S. HAWKES Office Use Only

DEG 2 4 2009

EXAMINER

S. HAWKES



EXAMINER





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.

Letter Number: 409A00039172

Suzanne Hawkes Regulatory Specialist II

Division of Companytions D.O. DOV 6997 Tallaharras Florida 99914



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.

Letter Number: 109A00037205

Suzanne Hawkes Regulatory Specialist II

District of Compactions DO DOV 6997 Tellaharras Florida 99914

COVER LETTER

Division of Corporations						
SUBJECT: LATIN	Dealty Group IIc					
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 COUT					
Name of Person						
	CASA LATINO REALTY OF DELTONA					
Firm/Company						
517 DELTONA BLUD. SUITE A						
Address						
DELTONA A City/State and Zip Code						
	City/State and Zip Code					
	JSANTACIUZ @ CFI. RR. COM					
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:						
Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the f	following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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 Com	npany as it now appears on our records.) ed Liability Company)		
(A Florida Diffice	Ed Liability Company)		
The Articles of Organization for this Limited Liability Compa			
Florida document number <u>L06000 1184</u> 3			
This amendment is submitted to amend the following:	OF STA		
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and end with the words "L.L.C."	cimited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	517 DELTONA BLVD SUITE A		
(Principal office address MUST BE A STREET ADDRESS)	DELTONA FI 32725		
	·		
Enter new mailing address, if applicable:	POBOX 915814		
(Mailing address MAY BE A POST OFFICE BOX)	LONGWOOD P1 32791		
	<u> </u>		
	office address on our records, enter the name of the new		
registered agent and/or the new registered office address h	<u>1ere</u> :		
•			
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 ame ding 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>	Name	Address	Type of Action
		<u> </u>	Add
			Remove
			<u> </u>
,			Remove
	,		
			Agd Minover
A# .	-		Add Remove
	 		Add Remove
			Add Remove
D. If am	nending any other information.	enter change(s) here: (Attach additional si	
D. 11 un.	· · · · · · · · · · · · · · · · · · ·	civer change(b) nerer (mach adaments)	
Dated	12-15-09		
	Simples	of a member or authorized representative of a	mamhar
	· · · · · · · · · · · · · · · · · · ·	AN SANTA CIZUZ	memoet
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00