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COVER LETTER

TO: Registration Section **Division of Corporations** CASA MARISOL DE AUGUSTIN, LLC SUBJECT: 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: Anne Hill Name of Person CASA MARISOL DE AUGUSTIN, LLC Firm/Company 53 Avista Circle Address St Augustine, FL 32080 City/State and Zip Code avistagirl03@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anne Hill 904 429-7335 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASA MARISOL DE AUGUSTIN, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on (ted Liability Company)	<u>our records.</u>)
The Articles of Organization for this Limited Liability Compa		
Florida document number		
 -		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
<u> </u>		
The new name must be distinguishable and contain the words "Limited L	iability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	-	F 21
Maning address MAT BE A TOST OF THE BOAY		DV
		9
B. If amending the registered agent and/or registered offi	ioo address on our recor	11 mg/ 2
B. It amending the registered agent and/or registered onlingent and/or the new registered office address here:	ce address on our recor	F STATE
		418 1:1
ar ar no to the co		· 量 6
Name of New Registered Agent:	<u> </u>	-
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida
	City	Zip Code

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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Anne L Hill	53 Avista Circle, St Augustine, FL 32080	
			≣ Add
			□Remove
			□Change
			🗀 A dd
			□Remove
			□Change
			🗆 Add
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			□ Change
			□Add
			□Remove
			□Change

-	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<u> </u>		
 Note: If the date 	if other than the date of filing:	5.0207 (; ed as th
the record specifies cord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
17 Novem	mber 2021	
Dated	Signature of a member or authorized representative of a member	
Anne	e I, Hill	

ETT C 055.07