

W8000022215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

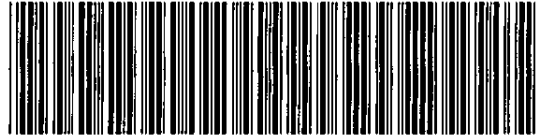
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

AUG 20 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FAST REALTY AND MORTGAGE, 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:

PAGAN, MARIA

Name of Person

CASA LATINO TROPICAL, LLC.

Firm/Company

1147 W. COLUMBIA AVENUE

Address

KISSIMMEE, FL. 34741

City/State and Zip Code

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

For further information concerning this matter, please call:

LUIS MORALES

Name of Person

at (**407**)

782-5785

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee & Certificate of Status & 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

SECRETARY OF STATE
 TALLAHASSEE, FL 32301
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FAST REALTY AND MORTGAGE, 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 03/03/2008 and assigned Florida document number L08000022215.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CASA LATINO TROPICAL, LLC.

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)

1147 W. COLUMBIA AVENUE
KISSIMMEE, FL. 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1147 W. COLUMBIA AVENUE
KISSIMMEE, FL. 34741

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TALLAHASSEE, FLORIDA

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:

ARTURO E. OTERO

New Registered Office Address:

1147 W. COLUMBIA AVENUE

Enter Florida street address

KISSIMMEE

Florida

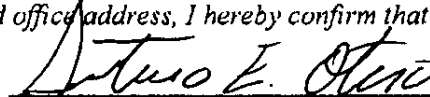
34741

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

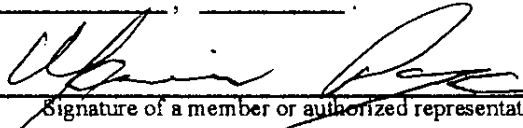
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|--|--|
| MGRM | PAGAN, PABLO | 3546 WOODBERRY CT KISSIMMEE, FL 34746 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | SEPULVECKE, JAIME | 3848 EAGLE ISLE CIRCLE KISSIMMEE, FL 34746 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | RODRIGUEZ, CARLOS | 2521 13th STREET ST. CLOUD, FL 34769 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | OTERO, ARTURO E. | 1147 W. COLUMBIA AVENUE KISSIMMEE, FL 34741 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | PAGAN, MARIA | 1147 W. COLUMBIA AVENUE KISSIMMEE, FL 34741 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

Dated _____



Signature of a member or authorized representative of a member

PAGAN, MARIA

Typed or printed name of signee