

LO8000108933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

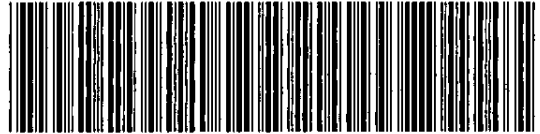
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800146411558

03/20/09--01022--021 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR - 7 AM 8:49

T. HAMPTON

APR - 8 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Casa Latino International 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:

Sonny Buoncervello
(Name of Person)

(Firm/Company)

PO Box 470127
(Address)

Celebration, FL 34747
(City/State and Zip Code)

For further information concerning this matter, please call:

Sonny Buoncervello at (321) 624-9777
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 APR -7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 23, 2009

SONNY BUONCERVELLO
P O BOX 470127
CELEBRATION, FL 34747

SUBJECT: CASA LATINO INTERNATIONAL LLC.
Ref. Number: L08000108933

We have received your document for CASA LATINO INTERNATIONAL 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):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00009716

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

Casa Latino International 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 November 24, 2008 and assigned Florida document number LO8000108933.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Sonny Buoncervello

New Registered Office Address:

1420 Celebration Blvd., Ste. 100

(Enter Florida street address)

Celebration

(City)

Florida 34747

(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:

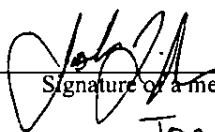
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sonny Buoncervello	PO Box 470127 Celebration, FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Stephanie Pasquarella	7216 Windham Harbour Ave Orlando, FL 32829	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Joe La Rosa	1420 Celebration Blvd., Ste 100 Celebration, FL 34747	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Joe La Rosa

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR - 7 AM 8:49