108000108933

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone	: #)				
PICK-UP WAIT	MAIL				
(Business Entity Nam	ne)				
(Document Number)					
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10 APR 13 PM 4: 11
SECRETARY OF STATE
TAIL ANASSEE, FLORIDA



J. BRYAN

APR 1 4 2009

EXAMINER

COVER LETTER

то:	Registration S Division of Co			•	•
SUBJE	ECT:	Casa Lat	ino International		
		Name of Limi	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		10 APR 13 PM 4: 11 SECRETARY OF STATE
		Joseph La Rosa		ASS TAN	
			Name of Person		10 · 12 · 1
		_			FS F
C		asa Latino International Firm/Company		聖 =	
1420 (1 min/company		Super A To	
		Celebration Blvd, Suite 1	00		
			Address		
		(Celebration, FI 34747		
		***************************************	City/State and Zip Code		
		joel	arosa@casalatino.com to be used for future annual report n		
For fur	ther information	concerning this matter, please c		iouncanon)	
	Ма	ry Fernandez	at (321)	939-1475	
		of Person	Area Code & Day	time Telephone Number	•
Enclos	ed is a check for t	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FI	rporations g c Center Circle		



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 5, 2010

JOSEPH LA ROSA CASA LATINO INTERNATIONAL 1420 CELEBRATION BLVD., SUITE 100 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 sign accepting the designation.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 310A00008236

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Casa	Latino Inte	ernational, LL	С		
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appear Liability Company)	s on our records	3.)	
The Articles of Organization for this Limited Liability Company were filed on				8 and assigned	
Florida document number L08000108	933				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	my," the designati	ion "LLC" or the abbreviation	
Enter new principal offices address, if applica	ble:	1420 Celebra	ition Blvd. Su	ite 100	
(Principal office address MUST BE A STREET	ADDRESS)	Celebration, l	FI 34747	7 S 6	
				APR 13	
Enter new mailing address, if applicable:	1420 Celebra	tion Blvd. Sui	ite 100 = TT		
(Mailing address MAY BE A POST OFFICE B	Celebration, I	FI 34747			
B. If amending the registered agent and/or registered agent and/or the new registered off			our records, <u>en</u>	ter the name of the ne	
Name of New Registered Agent:	Joseph La F	Rosa			
New Registered Office Address:	1420 Celebration Blvd. Suite 100 Enter Florida street address				
		elebration	, Florid		
		City		Zip Code	
Now Desistant Agent's Signature if shanning D.					

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 Régistered Agent Signature of New Registered Agent

Page Lof 2

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 Title <u>Name</u> **Address Type of Action** Mr Sonny Buoncervello 1420 Celebration Blvd. Suite 100 ☐ Add
✓ Remove Celebration, Fl 34747 ☐ Add Remove Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member of authorized representative of a member

Joseph La Rosa

Typed or printed name of signee

Page 2 of 2

Dated ____

Filing Fee: \$25.00