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SECRETARY OF STATE

SECRETARY OF STATE

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations
SUBJECT:	Casa Latino GloSAl Development Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	Robb Heezing Name of Person
	Casa Latino Firm/Company
	40 FIK DRIVE
	Southbury CT 06488  City/State and Zip Code
For further information	E-mail address: (to be used for future annual report notification) on concerning this matter, please call:
	at (203) 586 - 9//6  Area Code & Daytime Telephone Number
Nan	ne of Person Area Code & Daytime Telephone Number
	or the following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, 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

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(Name of the Limited Liability Comp. (A Florida Limited	SECRETARY OF STATE  anv as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	40 EIK DZIVE
(Principal office address MUST BE A STREET ADDRESS)	Southbury CT 06488
Enter new mailing address, if applicable:	40 EIK DRIVE
(Mailing address MAY BE A POST OFFICE BOX)	40 EIK DRIVE Southbury, CT 06488
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	a
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 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 = M	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	Joseph La Rosa	1420 Celebration Blud Suite 108 Celebration FC 3474	Add Remove			
MGRM	Rubb Heering	40 EIK DRIVE South bury CF 06488	Add Remove			
			Add Remove			
	<u> </u>		Add Remove			
<del></del>			Add Remove			
			Add Remove			
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	,,			
  Dated	ugust 2nd , 20,	10	FILED 10 AUG 13 PM 12: 32 SECKETARY OF STATE TALLAHASSEE FLORIDA			
	(2)	or authorized representative of a member	<del></del>			
	Typed	Joseph Lellosc or printed name of signee				
		D 4 44				

Page 2 of 2

Filing Fee: \$25.00