

L090000 87270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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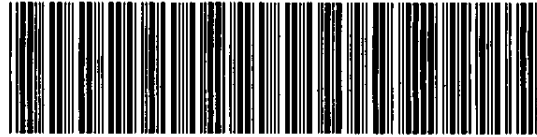
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 12 AM 10:00

B. KOHR

NOV 16 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASA MIA HOME COLLECTION, 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:

ANDREA URPI

Name of Person

Firm/Company

185 SW 7TH STREET #812

Address

MIAMI, FL 33130

City/State and Zip Code

MONIKACIOCCA@MAC.COM

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

For further information concerning this matter, please call:

MONIKA CIOCCA

Name of Person

at (786)

838-2040

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 12 AM 10:00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CASA MIA HOME COLLECTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 12 AM 10:00

The Articles of Organization for this Limited Liability Company were filed on 09/09/2009 and assigned
Florida document number L0900008727/0

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)

2223 SW 13TH AVE.

MIAMI - FL 33145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

185 SW 7TH ST. #1812

MIAMI - FL 33130

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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	ANDREA URPI	185 SW 7th STREET #816 MIAMI, FL 33130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MONIKA CIOCCA	185 SW 7th STREET #816 MIAMI, FL 33130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ANDREA URPI	185 SW 7th STREET #816 MIAMI, FL 33130	<input type="checkbox"/> Add <input checked="" 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

11/4/2009

Signature of a member or authorized representative of a member

ANDREA URPI

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00