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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JAN - 5 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Casa Latino Four Corners, 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:

John C. Rogers

Name of Person

Casa Latino Four Corners, LLC

Firm/Company

8297 Champions Gate Blvd. Suite # 344

Address

Champions Gate, Florida 33896

City/State and Zip Code

johnrogers@casalatino.com

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

For further information concerning this matter, please call:

John C. Rogers

Name of Person

at ( 407 )

557-2703

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

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10 JAN -4 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 22, 2009

JOHN C. ROGERS  
8297 CHAMPIONS GATE BLVD., SUITE # 344  
CHAMPIONS GATE, FL 33896

SUBJECT: CASA LATINO FOUR CORNERS, LLC  
Ref. Number: L09000113154

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10 JAN -4 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CASA LATINO FOUR CORNERS, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 609A00038869

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

Casa Latino Four Corners, 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 11/25/2009 and assigned  
Florida document number L09000113154.

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)

8297 Champions Gate Blvd. Suite # 344  
Champions Gate, Florida 33896

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

8297 Champions Gate Blvd. Suite # 344  
Champions Gate, Florida 33896

**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

Florida

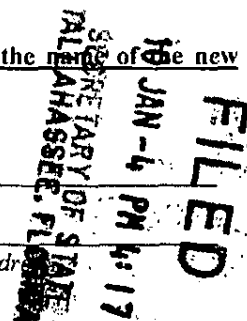
City

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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Eckles, Janet C.	8297 Champions Gate Blvd. Suite # 344 Champions Gate, Florida 33896	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr	Eckles, Gene	8297 Champions Gate Blvd. Suite # 344 Champions Gate, Florida 33896	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mgr	La Rosa, Joseph	8297 Champions Gate Blvd. Suite # 344 Champions Gate, Florida 33896	<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.)

Just to make sure... Our street address stays the same,  
but our Suite # within the address changes from 510 to 344.

Dated January 5, 2010

Signature of a member or authorized representative of a member

John C. Rogers

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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