## L10000056079

, (Re	questor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	<del>)</del> #)
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(Ві	isiness Entity Nar	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

OCT 1 4 2014

T. BROWN

## COVER LETTER

TO: Registration Section
Division of Corporations

, CASAS 8 LATAM, 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:

M.L. Posada
Name of Person
Landa-Posada P.A.
Firm/Company
6080 SW 40 Street #4
Address
Miami, Fl. 33155
City/State and Zip Code
mposada@lpm-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria I. Landa-Posada	'osada	a-P	Lanc	l.	ıa I	/lar	N
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...305,476-9050

Name of Person

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

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

ALL TO THE STATE OF THE STATE O

CASAS 8 LATAM, 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 Liz Florida document number <u>L10000056079</u>	ability Company w	vere filed on <u>05/24/20</u>	and assigned	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and end with the w	vords "Limited Liabil	ity Company," the designation	n "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applica	ble:			_
(Principal office address MUST BE A STREET	(ADDRESS)			_
				-
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>			
				_
B. If amending the registered agent and/or registered agent and/or the new registered off			cords, enter the name of the	nev
Name of New Registered Agent:	Landa-Posa	da P.A.		_
New Registered Office Address:	6080 SW 40	Street #4		
		Enter Florida street a	nddress	
	Miami		_, Florida <u>33155</u>	_
New Registered Agent's Signature, if changing R	egistered Agent:	City	Zip Code	

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	PROJECT 8 PARTNERS 1, LLC	6080 SW 40 Street #4	■ Add
		Miami, Fl. 33155	□ Remove
MGRI	PROJECT 8 PARTNERS 1, LLC	6460 SW 49th St	
		Miami, Fl. 33155	Remove
			□ Add
			□ Remove
			□ Remove
<del></del>			Add
			Remove
			□ Adđ
			□ Remove

		(optional) unnot be more than 90 days after
date this document is filed by the Florida Department	of State)	(optional) innot be more than 90 days after
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date this document is filed by the Florida Department	of State)	(optional) unnot be more than 90 days after
date this document is filed by the Florida Department September 26,	of State)	
rective date, if other than the date of filing: effective date must be specific, cannot be prior to date date this document is filed by the Florida Department ted September 26  Signature of a m  Eugenio P. Mendoza	2014	

Page 3 of 3

Filing Fee: \$25.00