

L10000056079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 14 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **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

Name of Person

at (

305 476-9050

) Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PROJECT 8 PARTNERS 1, LLC	6080 SW 40 Street #4	<input checked="" type="checkbox"/> Add
		Miami, Fl. 33155	<input type="checkbox"/> Remove
MGRM	PROJECT 8 PARTNERS 1, LLC	6460 SW 49th St	<input type="checkbox"/> Add
		Miami, Fl. 33155	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 26, 2014



Signature of a member or authorized representative of a member

Eugenio P. Mendoza

Typed or printed name of signee