L11000067635

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SECRETARY OF STATE

T. CLINE

JUN 9.3 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	CASA	A PIANO LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	Ju	an E. Figueras, Esquire			
		Name of Person			
	J	luan E. Figueras, P.A.			
		Firm/Company			
	9703 \$	S. Dixie Highway, Suite 2	208		
		Address			
		Pinecrest, Fl 33156		7A S	
		City/State and Zip Code		2011 JUN 22 SECRETARY	Land I
	E-mail address: (to be used for future annual report n	otification)	MAS	940,2534 947,840
For further information	concerning this matter, please	call:		LAHASSEE. FLORE	l Jacon
	-			F STA	gram,a
	E. Figueras, Esq.	at (<u>305</u>)	595-3750	TATE ORID	
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 enclo	sed) Certified (of Status &	

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

CASA P	IANO LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appea d Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Compa	ny were filed on	06/09/2011	and assi	gned	
Florida document numberL11000067635					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :			
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Comp	any," the designation "I	LC" or the a	bbrevia	_ tion
Enter new principal offices address, if applicable:			TAL 38	2011	_
(Principal office address MUST BE A STREET ADDRESS)			CRE	\$	_*~
			TAR	22	- j
Enter new mailing address, if applicable:			Y OF S	歪	
(Mailing address MAY BE A POST OFFICE BOX)			OR IO	- 30	_ %.
		<u> </u>	DE 2	VP.	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on eere:	our records, <u>enter t</u>	he name of	f the <u>n</u>	<u>iew</u>
Name of New Registered Agent:					_
New Registered Office Address:					_
	Er	ter Florida street add	ress		
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	MARTINI, ANGELICA L	7545 É TREASURE DR. 5G NORTH BY VILLAGE MIAMI FL 33141 US	Add ✓ Remove
MGR	MARTINI, ANGELICA L	7545 E TREASURE DR, 5G NORTH BY VILLAGE MIAMI FL 33141 US	Add Remove
			Add Remove
			Add Remove
			Add Remove
			LIANGER SSS
	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	mc same
	he purpose for which this Limited L LAWFUL PURPOSES."	Liability Company is organized is: ANY	
Dated		<u>011</u> . ξ. Κ.	
		er or authorized representative of a member E. Figueras, Esquire	
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00