# L12000125088

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |

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FILED
2013 FEB 25 PH 3: 42
2013 FEB 25 PH 3: 42

FEB 26 2013 J. BRYAN

Friday, February 22, 2013

Dear Sir or Madam,

Please find attached herein, documentation required to amend the address to our current address as well as remove the Secretary listed as part of our company and add Rita Oben as Secretary.

We are a Real Estate company and need to have Rita Oben who is the broker listed on the website as soon as possible in order to facilitate process with the DBPR. It is due to this reason that I respectfully would like to request for this amendment of address and personnel change to be expedited if possible. Beforehand thank you for your time and your cooperation.

Best Regards,

Miguel/Nivera

Owner Managing Partner

Illea

MiCasa Realty, LLC

(239) 271-2410

FILED
2013 FEB 25 PM 3: 42
SECRETARIES SEC

# **COVER LETTER**

| Division of Corporations   |               |
|--|---------------|
| SUBJECT: M. Casa Realty, LLC Name of Limited Liability Company                             |               |
| Name of Entitlemenability Company  |               |
|  |               |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.                    | ٦,            |
| Please return all correspondence concerning this matter to the following:                  | 西哥加           |
| Miguel Rivera Name of Person   | TALLES PH     |
| Mi Casa Realty, LLC  | PH 3: 43      |
| 11920 Fairway Lakes Do   | ,             |
| Tort Myers, FL 33913 City/State and Zip Code   |               |
| Miguella Rivkob. Com<br>E-mail address: (to be used for future annual report notification) |               |
| For further information concerning this matter, please call:                               |               |
| Name of Person  at (239) 217-3024  Area Code & Daytime Telephone Number                    |               |
|  |               |
| Enclosed is a check for the following amount:  |               |
| (additional copy is enclosed) Certified  | e of Status & |
|  |               |

### MAILING ADDRESS:

TO:

**Registration Section** 

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



Zip Code

ompany as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10 12000125088 Florida document number 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

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> | Name          | <u>Address</u>        | Type of Action |
|--------------|---------------|-----------------------|----------------|
| Secretary    | Damaris Roman | 4066 Evans Aue Suite  | S Add          |
|              |               | H. Myers, FL 33901    | Remove         |
|              |               | 4920 Fairway Lakes Dr |                |
| ecretary     | Rita Oben     | Fort Myers, FL 33913  | 🔀 Add          |
|              |               |                       | Remove         |
|              |               |                       |                |
|              | <del></del>   |                       | Add            |
|              |               | - ACE                 | Remove         |
|              |               |                       | FEB 25         |
|              | <del></del>   |                       | 1 AU           |
|              |               |                       | Remove         |
|              |               |                       | <del></del>    |
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|              |               |                       | Remove         |
|              |               |                       |                |
| <del></del>  | <del></del>   |                       | Add            |
|              |               |                       | Remove         |
|              |               |                       |                |

| D. If a | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|--|
|         |  |
|         |  |
| _       |  |
| Dated _ | Minul Sivera - Managing Pather   |
|         | Signature of a member or authorized representative of member  Typed or printed name of signee  |

Page 3 of 3

Filing Fee: \$25.00

TILED

2013 FEB 25 PH 3: 43

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