

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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CASA HOY LLC

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2015

CASA HOY LLC 169 NE 46 STREET STE 1 MIAMI, FL 33137

SUBJECT: CASA HOY LLC REF: L12000159679

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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) 245-6051.

Stacey M Mason Regulatory Specialist II

FAX Aud. #: N15000174378 Letter Number: 215A00015101

15 JUL 20 AN 10: 49 SEORETARY OF STATE ALLAMASSEE, FLORID

2015 JUL 17 P III I

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASA HOY LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears united Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L12000159679</u>	npany were filed on $\frac{12/2}{2}$	1/2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited	d Linbility Company," the dec	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(22)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	4. <u>2 </u>	
registered agent and/or the new registered office address Name of New Registered Agent:		
New Registered Office Address:		
Hew Teknieled Office Valded	Enter Florid	la street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered &	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered	nplets performance of n nt ax provided for in Cl	ny duties, and I am familiar with and napter 605, F.S. Or, if this document is
company has been notified in writing of this change.		
	Y C	Parameter (A)
•	n cuandes Keenseren vee	nt, Signature of New Replatered Agent
1	Page 1 of 3	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Luis A. C DA DERA	3621 SW 23 TERR	[] Add
		CORAL GABLES, FL 333145	□ Remove
			■ Change
			DbA [2]
			□ Решоче
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	LUIS A. CALDER Typed or printed name		100 PM	**************************************
		'A		4.87
	Signature of a gember or authorized re	breaemphile of a mamper		1-75E.
	1		<u>2</u>	
had Liby 15	2015			
The 90th day after the re		Mective time, at 12	:01 a.m. on the	色数
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