L1300027080

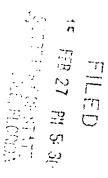
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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MAR 12 2015 S. YOUNG

COVER LETTER

	Registration Se Division of Cor			
eun iez		uarinas, LLC		
SUBJEC	-1: <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Lea	ndro Martin Domian	
			Name of Person	
		Las	Casuarinas, LLC	
			Firm/Company	
		101	85 Collins Avenue Apt 30	6
			Address	
		Ва	l Harbour, Florida 33154	
			City/State and Zip Code eadomian@hotmail.com	
		E-mail address: (to be used for future annual report no	ification)
For furth	er information c	oncerning this matter, please c	all:	
Adrian	E. Irias, Esc	q.	305 400-965	2
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	he 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

TO ARTICLES OF ORGANIZATION OF

La	as Casuarinas, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our recor Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co. L13000029080	ompany were filed on	5, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
The new name must be distinguishable and end with the words "Lin	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		14 日 丁
Principal office address MUST BE A STREET ADDR	RESS)	2 7 7
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office additional actions and the second agent and/or the new registered office additional actions are actions as a second agent and/or the new registered office additional actions are actions as a second agent and/or registered agent age		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	258
		lorida
	City	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 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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Leandro Martin	10185 Collins Avenue, Apt 306	□ Add
		Bal Harbour, FL 33154	R Remove
MGR	Leandro Martin Domian	10185 Collins Avenue, Apt 306	 ■ Add
		Bal Harbour, FL 33154	☐ Remove
			Remove
			FILE FIB 27
			□ Add □ □ Add □ □ □ Remove
			Add
			□ Remove
			Remove

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Tective da e effective d e date this d	ate, if other than the date of filing: late must be specific, cannot be prior to date of receipt or filed date and can locument is filed by the Florida Department of State)	(optional) not be more than 90 days after
e date this d	ate, if other than the date of filing: late must be specific, cannot be prior to date of receipt or filed date and cannocument is filed by the Florida Department of State) February 24, 2015	(optional) not be more than 90 days after
e date this d	locument is filed by the Florida Department of State)	(optional) not be more than 90 days after
ne date this d	locument is filed by the Florida Department of State)	2

Page 3 of 3

Filing Fee: \$25.00