

# L13000129954

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H14000193977 3)))



H140001939773ABCB

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.  
Account Number : 076624003440  
Phone : (305) 444-6226  
Fax Number : (305) 442-4829

STATEMENT OF STATE  
FALLAHASSEE, FLORIDA  
14 AUG 18 PM 1:45  
FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CASA CLUB LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

RECEIVED  
14 AUG 20 AM 6:40  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

H14000193977 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CASA CLUB 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:

**LAURA KOHN**

Name of Person

**ARAZOZA & FERNANDEZ-FRAGA P.A.**

Firm/Company

**2100 SALZEDO STREET, SUITE 300**

Address

**CORAL GABLES, FL 33134**

City/State and Zip Code

**LAURA@ARAZOZA.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**LAURA KOHN**

Name of Person

at **305** **444-6226 x 233**

Area Code

Daytime Telephone Number

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 enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

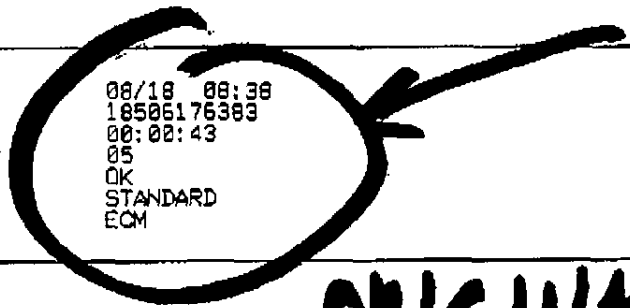
**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TRANSMISSION VERIFICATION REPORT

TIME : 08/18/2014 08:39  
NAME : ARAZOZA & FERNANDEZ  
FAX : 3054424829  
TEL : 3054446226  
SER. N : BRQH9J968928

DATE, TIME	08/18 08:38
FAX NO./NAME	18506176383
DURATION	00:00:43
PAGE(S)	05
RESULT	OK
MODE	STANDARD ECM



Division of Corporations

**ORIGINAL FILING DATE**  
08/18/14  
08:38 AM

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

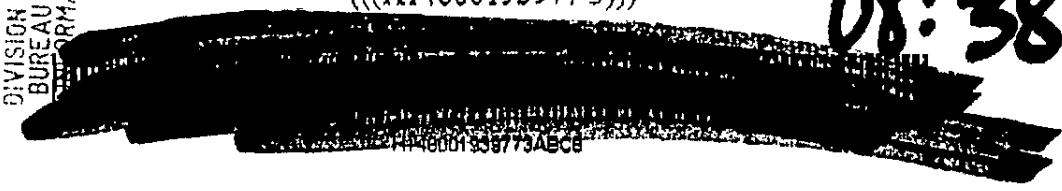
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Email Address: \_\_\_\_\_

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CASA CLUB LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

FILED  
14 AUG 18 PM 1:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 09/13/2013 and assigned  
Florida document number L13000129954

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
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

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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>
MGR	KARINA DEL CARMEN GAMEZ VALERO	1110 BRICKELL AVE	<input checked="" type="checkbox"/> Add
		STE 702	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
			<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

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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: 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)*

(Date) JULY 16

2014

Signature of a member or authorized representative of a member

Marcos A. Gamez

Typed or printed name of signee