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## **COVER LETTER**

Division of Corporations	
SUBJECT: Casa Secrets International, Name of Limited Liability Company	LIC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Karla Alvarez Name of Person	
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:	
2054 Vista Parkney	Suite 400
West Palm Beach, City/State and Zip Code	F1 33411
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, please call:	
Karla Alvarez at (305) 741  Name of Person Area Code Daytin	r C180
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy	Certificate of Status & Certified Copy
Registration Section Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	emational, LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) Ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing LIU-000-7.93	ny were filed on <u>5-16-14</u> 876	and assigned
This amendment is submitted to amend the following:		
A. (If amending name, enter the new name of the limited li	ability company here: NA	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· 20
(Principal office address MUST BE A STREET ADDRESS)		<b>3 9 9 9</b>
		্ ত
		9
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	aZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple		

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Name</u>	Address	Type of Action
AC.	Fernancio Green	2054 V: 5ta Pey Suite 400 WPBF1 33411	
		WPBF1 33411	Remove
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Effective	date, if other than the date of filing: (optional)
Note: If the	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
	3-15-19
Dated <u>\gamma</u>	
Dated <u> </u>	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00