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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

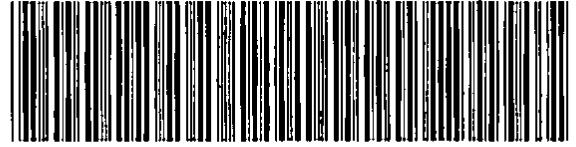
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 SEP -9 PM 3:27
TALLAHASSEE, FL

SEP 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Casa Secrets International, 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:

Karla Alvarez
Name of Person

Casa Secrets International, LLC
Firm/Company

2054 Vista Parkway Suite 400
Address

West Palm Beach, FL 33411
City/State and Zip Code

emailmyinfo2liz@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karla Alvarez at (305) 741-0180
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Casa Secrets International, LLC

The Articles of Organization for this Limited Liability Company were filed on 5-16-14 and assigned Florida document number L14-0000-79876

A. (If amending name, enter the new name of the limited liability company here: N/A

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City Zip Code

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AS	Fernando Green	2054 Vista Rey Suite 400 WPB FL 33411	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8-15-19.

Karla Alvarez
Typed or printed name of signee