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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:		reations 1.1.C,	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Toe/ Castanea Name of Person	
		Casa Creation	ens 11,C,
	9640 Cren	shaw Circle	
	Clermo	NT FL 347/	
	jasaci Email address: (1	City/State and Zip Code  (NC @ ya loo, co M to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca		·
Joel	Castaneda	at (352) 988 - 9 Area Code Daytime	7750
Name	1163011	Alea Code Dayinio	Telephone Publical
Enclosed is a check for the	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Casa Creations LL.C.	
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on <u>July 16, 2014</u> Florida document number <u>L14000112221</u> .	and assigned
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 registered agent and/or the new registered office address here:	the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
Enter Florida street address	and the second s
, Florida,	, m
New Degistered Agent's Signature if shanging Degistered Agents	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

If àmending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	Ayesha Castaneda	9640 Crenshaw Circle C	lermont FL 34711	
			□ Remove	
			□ Add	
			☐ Remove	
			Remove	
			☐ Remove	
			□ Remove	
			□ Add	
			□ Remove	

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective	late, if other than the date of filing:(optional)  date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
Dated	August 8, 2014.
	(mt Castonsof)
	Signature of a member or authorized representative of a member
	Joel Castaneda
	Typed or printed name of signee

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Filing Fee: \$25.00