

**L15000063987**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
**DEC 10 P 10:14**  
HALL COUNTY, FLORIDA

**D. SCOTT**  
**DEC 11 2018**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 26, 2018

MARTA PENE  
3281 NW 78 AVE  
MIAMI, FL 33122

SUBJECT: CASAKER LLC  
Ref. Number: L15000063987

We have received your document for CASAKER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 618A00024048

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2018 DEC 10 PM 14

2018 DEC 17 PM 2:55

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Casallen 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:

Marta Peña  
Name of Person

Orapesa management LLC  
Firm/Company

3281 NW 78 Ave  
Address

Miami FL 33122  
City/State and Zip Code

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

For further information concerning this matter, please call:

Marta Peña at (305) 477-0096 x1012  
Name of Person 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

2011 DEC 10 PM 3:14

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Cabaker LLC

(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 4-13-2015 and assigned Florida document number L15000063987

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 contain 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)

FILED  
2015 DEC 10 PM 10:14

**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: Stephen Moschillo SR

New Registered Office Address: 3435 NW 79th Ave

Enter Florida street address

miami Florida 33122  
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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

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>
RA	FERNANDO JIMENEZ	3281 NW 78 Ave	<input type="checkbox"/> Add
		DORAL, FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OROPESA MANAGEMENT LLC	3281 NW 78 Ave	<input type="checkbox"/> Add
		DORAL, FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	Stephen Masolin JR.	3435 N.W. 79 AVE	<input type="checkbox"/> Add
		DORAL FL 33122	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
MAY 10 2017  
REC'D  
CLERK OF DISTRICT COURT  
N.D. FLORIDA  
TALLAHASSEE

221 DEC 10 PM 10:14  
IN: AT: 11111 OF 1A

FILED  
DEC 10 PM 11  
HARRISBURG, PA

**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 \_\_\_\_\_,

Signature of a member or authorized representative

FERNANDO JIMENEZ  
Typed or printed name of signer