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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASA COR MIAMI 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:

ALVARO A. ACEVEDO

Name of Person

BRICKELL LAW GROUP

Firm/Company

1395 BRICKELL AVENUE, SUITE 800

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

lucio.grimaldi@casacor.com

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

For further information concerning this matter, please call:

Lucio Grimaldi

786

3763388

Name of Person

at ()

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

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TALLAHASSEE, FLORIDA



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

CASA COR MIAMI 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 02/12/2016 and assigned
Florida document number L18000030525.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

78 SW 7th St.

Suite 500

Miami, Florida 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

78 SW 7th St.

Suite 500

Miami, Florida 33130

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

[Handwritten signature]

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

Title	Name	Address	Type of Action
MGR	Tibyricá Arnaldo	AV. NACOES UNIDAS 7221, 25TH FLOOR, SAO PAULO SP 05 425-902, BZ	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	BARRETO, ANTONIO	745 CRANDON BLVD, APT 207 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	GRIMALDI, LUCIO	78 SW 7th St., Suite 500 Miami, FL 33130-3782	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ALVARES PEDREIRA, LIVIA	Nacoes Unidas Avenue, 7.221 18th Floor, Pinheiros, Sao Paulo	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	PETROSSI GALLO, FABIO	SP, 06 425-902, Brazil Nacoes Unidas Avenue, 7.221 20th Floor, Pinheiros, Sao Paulo SP, 06 425-902, Brazil	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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a be listed as the

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

(b) The 90th day after the record is filed.

2017

Signature of a member or authorized representative of a member

Alvaro A. Acevedo

Typed or printed name of signee

6
day.