

L16000032061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

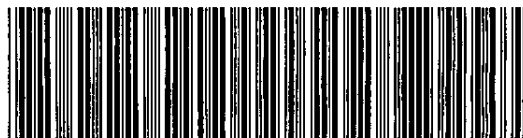
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300305318723

11/06/17--01028--030 \*\*25.00

FILED  
17 NOV -6 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

NOV 08 2017

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: CASUARINAS INVESTMENTS 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:

ELVIRA RAMIREZ

Name of Person

AA EXPRESS SERVICES INC

Firm/Company

410 S POWERLINE RD

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

aaexpressservices@gmail.com

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

For further information concerning this matter, please call:

ELVIRA RAMIREZ

954 596 0323  
at ( )

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

CASUARINAS INVESTMENTS 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 02/16/2016 and assigned  
Florida document number L16000032061.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

**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:

AA EXPRESS SERVICES INC

New Registered Office Address:

410 S POWERLINE RD

*Enter Florida street address*

DEERFIELD BEACH,

Florida

*City*

33442

*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 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>
MGR	LUZ V PEREZ FLOREZ	9220 VINELAND CT SUITE D	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OLGA E SANCHEZ FARINA	9220 VINELAND CT SUITE D	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FERNANDO A LOAYZA PEREZ	9220 VINELAND CT SUITE D	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA F LOAYZA PEREZ	9220 VINELAND CT SUITE D	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
17 NOV - 2 AM 11:00  
SECTION OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

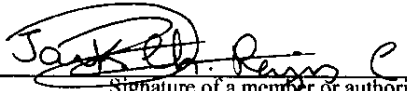
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated OCTOBER 2017, \_\_\_\_\_.



Signature of a member or authorized representative of a member

JACK ROJAS

Typed or printed name of signee

FILED  
17 NOV -6 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA