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COVER LETTER

Division o	f Corporations ·
	UARINAS INVESTMENTS, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence 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 informa	ion concerning this matter, please call:
Elvira Ramirez	954 5960323 at ()
N	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
12 \$25.00 Filing F	ce ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

TO ARTICLES OF ORGANIZATION OF

CASUARINAS INVESTMENTS LLO	С				
(Name of the Limited	Liability Comp Florida Limited	any as it now appears on o Liability Company)	our records.)		
The Articles of Organization for this Limited Liab	oility Company	were filed on $\frac{02/15/2}{}$	016	_ and ass	sign
Florida document number L16000032061	·				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	he limited lial	bility company here:			
N/A					
The new name must be distinguishable and contain the word	ds "Limited Liab	ility Company," the designa	ation "LLC" or the abbre	viation "L	.L.C.
Enter new principal offices address, if applicab	ole:	N/A			
(Principal office address MUST BE A STREET)	ADDRESS)			·	
				<u> </u>	<u>-:</u>
			·- ·	→	` <u> </u>
Enter new mailing address, if applicable:		N/A	- :		1 -48-4
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		· · · · · · · · · · · · · · · · · · ·	===	
				- 53 - 53	
			9.3	ာယ	
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter the	<u>name</u>	of th
To the Mark To the	e addi ess ilei	 -			
Name of New Registered Agent:	N/A				
New Registered Office Address:					
		Enter Florida st	reet 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 wit 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
MGR	CHEYSSE INVESTMENTS LLC	1000 EAST HALLANDALE BEACH BLVD #3	Add
		HALLANDALE BEACH,FL 33009	Remov
			
AMBR	FERNANDO A LOAYZA PEREZ	9220 VIONELAND COURT SUITE D	
		BOCA RATON FL 33496	■ Remove
			Change
AMBR	MARIA F LOAYZA PEREZ	9220 VIONELAND COURT SUITE D	
		BOCA RATON FL 33496	
			77 77 8 14 8 7
			☐ Change
			
			CRemove
			
			D Add
			Remove
			Change
			Add
			☐ Remove
			Change

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Filing Fee: \$25.00