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## **COVER LETTER**

TO:		stration Sect sion of Corpo						
SUBJE		Casa Property	Group, LLC					
30046	Name of Limited Liability Company							
The end	closed .	Articles of A	mendment and fec(s) are sub	mitted for filing.				
Please i	return a	ili correspond	lence concerning this matter	to the following:				
			Ruben Galindo Vega					
				Name of Person				
				Firm/Company				
			1057 Summer Glen Drive					
				Address				
			Winter Haven, FL 338800					
				City/State and Zip Code	<u> </u>			
			rubengalindo.rg@gmail.cor					
			E-mail address: (	to be used for future annual report no	otification)			
For furt	her inf	ormation con	cerning this matter, please ca	ill:				•
Ruben	Galind	o Vega		863 307-5009		SEC.	2018	-
		Name of P	erson		me Telephone Number	AHASSE AHASSE	AUG -3	
Enclose	d is a c	heck for the	following amount:			ون لبند ترب يين	9	
<b>\$2</b> 5.	.00 Fili	ng Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status d	2: 42	

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 Property Group, LLC	
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ty Company were filed on 04/04/2016 and assigned
Torida document number L16000066123	
This amendment is submitted to amend the following	g:
a. If amending name, enter the new name of the	limited liability company here:
Ruben Galindo Vega, LLC	
he 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 AL	ODB CCC)
The same of the sa	<u>DDRESS)</u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	3
Manning marcis MAT DE ATOST OF TICE BOX	
3. If amending the registered agent and/or re	egistered office address on our records, enter the name of th
egistered agent and/or the new registered office a	address here:
	•
Name of New Registered Agent:	7 <sub>22</sub> 2
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	Florida TO TO
<del></del>	City Zip Code
ew Registered Agent's Signature, if changing Regist	ered Agent:
revisions of all statutes relative to the prevence	ent and agree to act in this capacity. I further agree to comply wit
cont the obligations of my position as registered	d complete performance of my duties, and I am familiar with and
eino filed to merely reflect a change in the register	d agent as provided for in Chapter 605, F.S. Or, if this document tered office address, I hereby confirm that the limited liability
ompany has been notified in writing of this chang	or
q and a continuous state of the continuous	Ş

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:

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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effective date is listed, the date must be specifite:  If the date inserted in this block does ument's effective date on the Department	ic and cannot be price not meet the appli	cable statutory fi	r more than 90 days aff	tional) ter filing.) Pursuant to his date will not be l	605.02 isted a
record specifies a delayed effecti he 90th day after the record is fil	ve date, but n led.	ot an effectiv	e time, at 12:01	a.m. on the ea	rlier (
cd ) /y 3(	2018	<u> </u>			
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Signature	of a member of aut	iorizeo representat	ive of a member		

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