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TALLAHASSEE, FLORIDA

SEP 21 2018  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CASA AZUL B&B 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:

Sean P. Kelly, Esq.

Name of Person

Kelly & Kelly, LLP

Firm/Company

605 Palm Blvd., Suite A

Address

Dunedin, Florida 34698

City/State and Zip Code

scottea6@gmail.com

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

For further information concerning this matter, please call:

Sean P. Kelly

727

733-0468

at ( )

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

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TALLAHASSEE, FLORIDA

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

CASA AZUL B&B 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 JUNE 22, 2017 and assigned  
Florida document number L17000135997.

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)

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**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: SCOTT HOWARD

New Registered Office Address: 427 EAST TARPON AVENUE

*Enter Florida street address*

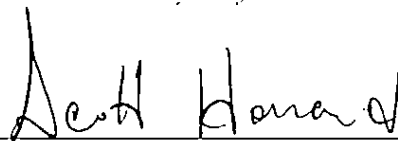
TARPON SPRINGS, Florida 34689

*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

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>
AMBR	JUAN MINIELLO	3150 Tampa Rd. Suite 11 Oldsmar, FL 34677	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HEATHER MINIELLO	1503 Nebraska Ave Palm Harbor, FL 34683	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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SIGN. [illegible]  
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(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.

Dated September 7, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee

**KELLY & KELLY, LLP**

*Attorneys and Counselors at Law*  
605 Palm Boulevard, Suite A  
Dunedin, Florida 34698  
([www.kellyandkellyllp.com](http://www.kellyandkellyllp.com))

Robert J. Kelly, P. A.  
Sean P. Kelly, P. A.

(727) 733-0468  
Fax (727) 733-0469

September 14, 2018

**VIA PRIORITY MAIL**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Casa Azul B&B LLC – Document No. 117000135997

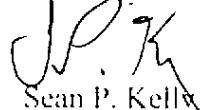
Dear Sir/Madam:

In connection with the referenced limited liability company, enclosed for filing please find the following:

1. Dissociation or Resignation of Member (Juan Miniello), together with our firm trust account check for payment of the filing fee;
2. Dissociation or Resignation of Member (Heather Miniello), together with our firm trust account check for payment of the filing fee;
3. Resignation of Registered Agent (Juan Miniello), together with our firm trust account check for payment of the filing fee; and
4. Articles of Amendment (including new registered agent), together with our firm trust account check for payment of the filing fee.

Thank you for your assistance with this matter. If these documents cannot be filed, or if you have any questions, please contact us at (727) 733-0468.

Sincerely,

  
Sean P. Kelly

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