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## **COVER LETTER**

TO:	Registration Se Division of Cor		en e	•
CHEE	CASA LO			
SUBJE	C1:		ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		Carlos J Martinez		
		<b>₹1</b>	Name of Person	
		Carlos Martinez & Associa	ates LLC	
			Firm/Company	
		12001 SW 128th CT Ste 1	02	
			Address	
		Miami, Fl 33186		
			City/State and Zip Code	
		esr@emlle.co	to be used for future annual report notil	ication)
For furt	her information c	oncerning this matter, please of		(Carlott)
Marily	n Zorrilla		305 387-0076	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25	.00 Fifing 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASA LOYS LLC	
( <u>Name of the Limited Liability Company as it now appears on our r</u> (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on 07/20/2017 Florida document number L17000155615	and assigned
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:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	J. S.C.
	<u> </u>
	<b>න</b> යුද්ර
Enter new mailing address, if applicable:	<b>3</b>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	17
B. If amending the registered agent and/or registered office address on our recregistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street of the address of the registered of the regis	
vaner provincia strevi d	KKW 100
	Florida

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

Zip Code

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>	Type of Action
MBR	TERGISTA M DE SOUSA	12001 SW 128TH CT	Add
		Ste 102	
		MIAMI, FL 33186	Change
			Add
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E. Effective d	ate, if other than the date is listed, the date mu	date of filing:		0.610	(optiona	1)
Note: If the	e date inserted in this b effective date on the D	lock does not me	et the applicable	statutory filing re	quirements, this da	te will not be liste
If the record (b) The 90t	specifies a delaye h day after the rec	d effective da cord is filed.	ite, but not an	effective tim	e, at 12:01 a.m	. on the earlie
June Dated	6th		2018			
	CT11001	 y				
	- THUNG	<del></del>		i representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00