

LIB000073790

(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



200316414162

08/07/16--01008--002 9925.00

FILED

2018 AUG -7 PM 2:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

D BRUCE
AUG 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASSILLO, 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:

SHOONOLD JADIS

Name of Person

CASSILLO, LLC

Firm/Company

3030 N. ROCKY POINT DR. STE 150A

Address

TAMPA, FL 33607

City/State and Zip Code

INFO@CASSILLO.COM

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

For further information concerning this matter, please call:

SHOONOLD JADIS

844
at ()

722-7773 x700

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2018 AUG - 7 PM 2:42

FILED

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

CASSII.O. 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 03/20/2018 and assigned
Florida document number L18000073790.

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:

3030 N. ROCKY POINT DR. STE 150A

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33607

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:

New Registered Office Address:

Enter Florida street 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 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>
QUALIFYING BROKER	Glen Anthony Gomez	4700 MILLENIA BLVD	<input type="checkbox"/> Add
		SUITE 376	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32839	<input type="checkbox"/> Change
QUALIFYING BROKER	Gregory Alexander	615 E. COLONIAL DRIVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32803	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 AUG - 24 2:42 PM
STATE OF FLORIDA
FILED

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2018 AUG -7 PM 2:42
SOUTH DORADO STATE
TALLAHASSEE FLORIDA

הר
ר
מ
ס

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 AUGUST 04 2018

Signature of a member or authorized representative of a member

SHOONOLD JADIS

Typed or printed name of signee