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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CASIAN WENTH 6200 (CC) 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:
Pobento Gonzago Name of Person
GODDLEZ ASSOCIATES Klouphn6 FINM
8270 W. State ROSD 84
City/State and Zip Code ROGOTH TIME GHAND COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
10 ben to Con 242 at 786 409 - 9958 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

O)F
(Name of the Limited Liability Compa (A Florida Limited	GROUP LLC ST Liability Company) ST
The Articles of Organization for this Limited Liability Company Florida document number	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "L.C." 1440, CANSRY ISAND DIO WESTON, FL. 33329
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1940 CAUNRY ISIAND DR. WESTON, FL. 333ZD
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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.

City

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 M612 □ Add 11820 MIRBHBIL PRILLY PREMOVE HIRBITISH, FL. 33025 STE SA-203 ☐ Change □ Add _□ Remove □ Change __ 🗆 Add ☐ Remove _____ Change ☐ Remove _□ Change □ Add □ Remove

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Filing Fee: \$25.00