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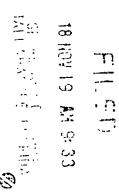
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COVER LETTER

TO:

Registration Section

Division of Co	orporations		
	ARA LLC		
SUBJECT:	Name of Lim	nited Liability Company	-
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ahmad Khamsi		
	Casa Clara LLC	Name of Person	
	302 W Dilido Drive	Firm/Company	
	Miami Beach, FL 33139	Address	
	akhamsi1955@gmail.com	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	fication)
Ahmad Khanisi		305 505-9455	
Name	of Person	Area Code Daytim	e 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)
Regist Divisi P.O. I	JING ADDRESS: tration Section on of Corporations Box 6327 passee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASA CLARA LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Elorida document number	vere filed on May 8, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "ISD.C,"
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	$\dot{\omega}$
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi	
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 Zin 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> Manuel Anel	Address 8252 SW 52nd Ave, Miami, FL	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00