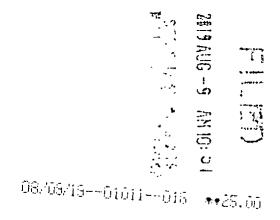
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(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						





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Y SULKER AUG 1 4 2019 To whom it may concern,

Please help me with the following:

- 1. Change Alexander Casias' title to AMBR.
- 2. Change Jalil Josue Borrero Salgado's title to MBR.
- 3. Correct Jalil's last name, correct spelling is BORRERO.

Thank you for your attention,

Alexander Casias

250 Alesio Ave

Coral Gables, FL 33134

(786)717-0796

alexcasias@hotmail.com

COVER LETTER

TO:	Registration Sec Division of Corp					
SHRU	ECT: CA	SIAS CUSTOM	HOMES, LLC			
3000	<u></u>	Name of Limi	HOMES, LLC ited Liability Company			
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
	ALEXANDER CASIAS					
			Name of Person			
		CASIAS	CUSTUM HOM	ES, LLC		
Firm/Company						
		250 AL	ESIO AVE			
	250 ALESIO AVE Address CORAL GABLES FL 33134 City/State and Zip Code alexcasias@hotmail.com					
		CORAL	ABLES FL 3	33134		
	City/State and Zip Code					
			ias@No7rmail			
For fu	ther information co	oncerning this matter, please ca				
Αı	EXANDE	R CASIAS	786 71	7-0796		
	Name of		at (<u>786</u>) <u>71</u> Area Code Dayt	ime Telephone Number		
,		e following amount:				
⊠ \$2	5,00 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/COUI Registration Sec Division of Corp Clifton Building 2661 Executive	porations			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASIAS CUSTOM HOMES, LLC

(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
- ·	•	18_{-} and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	amending name, enter the new name of the limited liability company here: we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	gistered office address on our records, enter	the name of the
Name of New Registered Agent:	ALEXANDER CASI	45
New Registered Office Address:		
	CORAL GABLES Florida	33134 Zip Code
New Registered Agent's Signature, if changing Register	·	,

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wit 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 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

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address** Type of Act 250 ALESIO AVE AMBR ALEXANDER CASIAS □ Add CORAL GABLES, FL 33134 _Change JALIL J. BORRERO SALCADO 250 ALESIU AVE □ Add CORAL CABLES, FL 33134 - Remove **∡**Change _□ Add _□ Remove □ Change _□ Add ☐ Remove □ Change □ Add □ Remove Change □ Add □ Remove ☐ Change

Trainchonig Viditionized Terson(s) authorized to manage, enter the fitte, name, and address of each person being

or removed from our records:

CORRECT SPE	LLING OF MBR	15:	
JALIL J.	BURRERO SALGA	4 D O	(B-O-R-R-E-R-O)
-			
			,
· · · · · · · · · · · · · · · · · · ·			
-			
			
		<u></u>	
te: If the date inserted in this	nust be specific and cannot be prior to d	06/20 ate of filing or m	(optional) nore than 90 days after filing.) Pursuant to 605.02 g requirements, this date will not be listed
record specifies a delay he 90th day after the r		n effective t	time, at 12:01 a.m. on the earlier
ed 08 / 06/	2019		
	Signature of a member or authorize	d representative	of a member
	ALEXANDER		IAS
	Typed or printed na		

12. It differently outer information, enter change(s) here: (Ander databasia success, y necessary, y

Page 3 of 3

Filing Fee: \$25.00