## 118000184532

| (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: |
|   |
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Office Use Only



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T. MATTHEWS JUN - 2 2022

## **COVER LETTER**

1 TO: Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

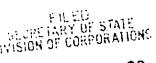
| SUBJECT: FM Ca                       | asa LLC   | •   |  |  |
|--------------------------------------|---|---|--|--|
| SUBJECT:                             | Name of Lim                                     | ited Liability Company  |  |  |
| The enclosed Articles of             | Amendment and fee(s) are sub                    | mitted for filing.  |  |  |
| Please return all correspondent      | ondence concerning this matter                  | to the following:   |  |  |
|                                      | Michael Piccolo                                 |   |  |  |
|                                      |   | Name of Person  |  |  |
|                                      | FM Casa LLC                                     |   |  |  |
|                                      |   | Firm/Company  |  |  |
|                                      | 10518 Inglenook Ter                             |   |  |  |
|                                      |   | Address   |  |  |
|                                      | Palmetto FL 34221                               | 0.0.1   |  |  |
|                                      | mikepiccolo66@hotn                              | City/State and Zip Code   |  |  |
|                                      | E-mail address: (                               | to be used for future annual report noti                            | fication)  |  |
| For further information of           | concerning this matter, please c                | all:  |  |  |
| Michael Piccolo                      |   | at ( <u>773</u> ) <u>512-0314</u>                                   |  |  |
| Name o                               | of Person                                       | Area Code Daytim  | e Telephone Number   |  |
| Enclosed is a check for t            | he following amount:                            |   |  |  |
| □ S25.00 Filing Fee                  | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | X) \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
| <u>Mailing Addre</u><br>Registration |   | Street Address:<br>Registration Se                                  | ction  |  |
| Division of C                        |   | Division of Corporations  |  |  |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF CORPORATIONS **OF**



22 APR 20 PH 1: 39

| FM Casa LLC  |   |   |                          |             |                          |
|--|---|---|--------------------------|-------------|--------------------------|
| (Name of the Lim                                     | ited Liability Compan<br>(A Florida Limited L | <u>iy as it now app</u><br>iability Company | ears on our records<br>) | <u>.</u> )  |                          |
| The Articles of Organization for this Limited I      | _iability Company v                           | were filed on _                             | 8/1/2018                 | <del></del> | and assigned             |
| Florida document number <u>L18000184532</u>          | ·   |   |                          |             |                          |
| This amendment is submitted to amend the fol         | lowing:                                       |   |                          |             |                          |
| A. If amending name, enter the new name              | of the limited liabil                         | lity company                                | <u>here</u> :            |             |                          |
| The new name must be distinguishable and contain the | words "Limited Liabili                        | ty Company," the                            | designation "LLC"        | or the a    | abbreviation "L.L.C."    |
| Enter new principal offices address, if appli        | cable:  |   |                          |             |                          |
| (Principal office address MUST BE A STRE             | ET ADDRESS)                                   |   |                          |             |                          |
|  |   |   |                          | _           | <u>.</u>                 |
|  |   |   |                          |             |                          |
| Enter new mailing address, if applicable:            |   |   | · · ·                    |             |                          |
| (Mailing address MAY BE A POST OFFICE                | E BOX)  |   |                          |             | <del></del>              |
|  |   |   |                          |             |                          |
| B. If amending the registered agent and/or           | ragistared office a                           | ddraec an au                                | records enter            | tha nai     | ma of the new registered |
| agent and/or the new registered office addre         |   | uaress on our                               | records, enter           | пс на       | ne of the new registered |
|  |   |   |                          |             |                          |
| Name of New Registered Agent:                        | Michael Piccol                                | o   |                          |             |                          |
| New Registered Office Address:                       | 10518 Inglenoc                                | ok Ter                                      |                          |             |                          |
|  |   | Enter F                                     | lorida street address    | :           |                          |
|  | Palmetto                                      |   | , Flo                    | rida _      | 34221                    |
|  |   | City  | <u>—</u> —               |             | 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>     | Address                                | Type of Action |
|--------------|-----------------|--|----------------|
| AMBR         | Michael Piccolo | 10518 Inglenook Ter, Palmetto FL 34221 | X] Add         |
|              |                 |  | □Remove        |
|              |                 |  | Change         |
| <u>AMBR</u>  | Tyna Heath      | 10518 Inglenook Ter, Palmetto FL 34221 | <b>X</b> ] Add |
|              |                 | <del></del>                            | □Remove        |
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| Effect                | ive date, if other than the date of filing: (optional)   |
| Note:                 | rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| he reco.<br>ord is fi | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.   |
| Dated                 | 4-16-2022  |
|                       | Michael Kelley   |
|                       | Michael Kelley Signature of a member or authorized representative of a member  |
|                       |  |
|                       | Michael Kelley Typed or printed name of signee   |