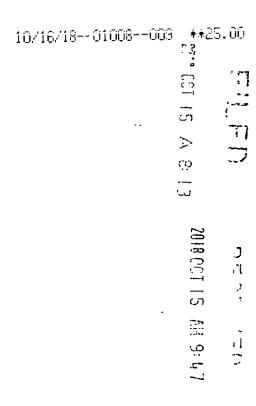


(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:







COVER LETTER

TO: Registration So Division of Cor				
SUBJECT:	CASCELLA C	HEESE LLC ited Liability Company		
	Amendment and fee(s) are sub-	-		
Please return all corresponding	ondence concerning this matter	to the following:		
	EDUARD	O UEUTSCHI Name of Person		
	<u>UELTSCHI</u> A	Firm/Company		
	32 S. OSPR	EY AVE, STE 101		CC 551 15 A
	SARASOTA F	FL 34236 City/State and Zip Code		> ·
		. CO to be used for future annual report notifi	cation)	ũ
For further information of	concerning this matter, please ca			
EDUARDO UE	FUTSCHI of Person	at (<u>941</u>) <u>549</u> 8 Area Code Daytime	549 Telephone Number	
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing I Certificate of Certified Cop (additional copy	Status & v
	ING ADDRESS:	STREET/COURII Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company we Florida document number <u>L 18000216951</u> .	09/12/18	
. Asside discontinuous	re filed on Oly 12 12	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:	4908 LIVE OAK DR	
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA FL 34232	
_		7)
	4908 LIVE OAK DR	- i
(Mailing address MAY BE A POST OFFICE BOX)	SALASOTA FL 34232	قهمه بر <u>(0) </u>
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If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M6R	SEBASTIANO CASCELLA	·	
		 	□ Remove
		4908 LIVE OAK DR. SAR	ASDTA, FL 34232 M Change
116R	ENZA CASCELLA		Add
			□ Remove
		4908 LINE DAK DR SALAVOT	•
176R	RUGGIERI LUIGI		☐ Add
			Remove
		4908 LIVE DAK DR, SARASOT	© Change
			
			Remove
		 	□ Change
			Add
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			П Remove
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or mo 1 If the date inserted in this block does not meet the applicable statutory filing ment's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.02 g requirements, this date will not be listed :
ecord specifies a delayed effective date, but not an effective tine 90th day after the record is filed.	ime, at 12:01 a.m. on the earlier
d 10111110	
ed 10/11/18	

Page 3 of 3

Filing Fee: \$25.00