

L19000025529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status 2

Special Instructions to Filing Officer:

Pick up tomorrow

Office Use Only



200328152742

200328152742
04/30/19--01001--001 **30.00

RECEIVED
DEPARTMENT OF STATE
19 APR 29 PM 11 00

FILED
19 APR 29 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

APR 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tellis Contracting LLC
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:

Trenyon Tellis
Name of Person

Tellis Contracting LLC
Firm/Company

1600 West Call St unit 2105
Address

Tallahassee FL
City/State and Zip Code

trenyon.tellis@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trenyon Tellis at (334) 354-8080
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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
OF

FILED
19 APR 29 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Tellis Contracting LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/31/2019 and assigned
Florida document number L19000025529

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Casa Contracting LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

| Title | Name | Address | Type of Action |
|-------|--------------------|-------------------|--|
| AMBR | Cassinova, Orville | 1600 West Call st | <input type="checkbox"/> Add |
| | | unit 2105 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Tellis, Trevon | 1600 West Call st | <input checked="" type="checkbox"/> Add |
| | | unit 2105 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
 19 APR 29 PM 4:15
 TALLAHASSEE
 FLORIDA
 STATE
 ARCHIVE

19
SECRET
TALLAHASSEE, FLORIDA

FILED
19 APR 29 PM 4:16
SECURITY DIVISION
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 09/29/2019

Signature of a member or authorized representative of a member

Treylon Tellis
Typed or printed name of signee