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02/25/19--01007--008 **29.0:

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S. PRATHER



COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Villiam Oca	sic CC C	-
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Wilm	Name of Person	
	William (Name of Person Casta CCC Firm/Company	
	2628 Hus	Address P	
	Kissimmee	FC 34743	
	E-mail address: (1	City/State and Zip Code City/State and Zip Code Code	cation)
For further information	concerning this matter, please ca		
Carlos	(Kasi:	at (<u>407)</u> <u>287-</u> Area Code Daytime	4961
Name	of Person	Area Code Daytime	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)

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

William C	Casio (C	· c ⁴		
(<u>Name of the Limited</u> (A	Liability Company as Florida Limited Liabil	it now appears on our ity Company)	r records.)	
The Articles of Organization for this Limited Liab		e filed on	29 2019	1 and assigned
This amendment is submitted to amend the follow	ring:			-3
A. If amending name, enter the new name of the	he limited liability	company here:		INS FEB
The new name must be distinguishable and contain the work	ds "Limited Liability C	ompany," the designation	on "LLC" or the abb	revision "LDC."
Enter new principal offices address, if applicab	ole:			70
(Principal office address MUST BE A STREET	ADDRESS)			<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our 1	records, enter (he name of the new
registered agent and/or the new registered only				
Name of New Registered Agent:	Wilma	an Vias	510	
New Registered Office Address:	2625 F	Enter Florida stree	P el address	
	Kissim.	m (C	, Florida	7 (7 (3 Žip 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

MGR Wilman Coasio 2628 Hunlay Cosp Kissimmic Add

FL 34743 Remove

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Effective date, if other than the f an effective date is listed, the date mus Note: If the date inserted in this blo	st be specific and cannot be pook does not meet the ap	prior to date of filing or opplicable statutory fili	(optiona more than 90 days after filir ng requirements, this da	ng.) Pursuant to 605.029
locument's effective date on the De			time, at 12:01 a.m	ı. on the earlier
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Page 3 of 3

Filing Fee: \$25.00