## L19 0000 38015

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## **COVER LETTER**

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SUBJECT:		Name of Limi	ted Liability Company	- 30C12	
The enclosed	l Articles of A	amendment and fee(s) are sub-	nitted for filing.	å ,⇔	
Please return	all correspor	dence concerning this matter t	to the following:		
		DAVID PEREYRA	Name of Limited Liability Company  and fee(s) are submitted for filing.  PEREYRA    Name of Person		
	DAVID PEREYRA  DAVID PEREYRA    DAVID PEREYRA				
			• -		
1270) S JOHN YOUNG PKWY STE 217					
		ORLANDO FL 32837			
		clanpere2@hotmail.com	City/State and Zip Code		
		E-mail address: (	to be used for future annual report notifi	ication)	
For further is	nformation co	oncerning this matter, please co	ıll:		
DAVID PE	REYRA				
	Name of		Area Code Daytime	Telephone Number	
Enclosed is:	a check for th	e following amount:			
■ \$25,00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

MAILING ADDRESS: Registration Section Division of Corporations

TO:

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

CASSA INVESTMENT LLC		C 96
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)	3 0
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000038015</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
Articles of Organization for this Limited Liability Company were filed on L19000038015  amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" er new principal offices address, if applicable:  Incipal office address MUST BE A STREET ADDRESS)  ORLANDO FL 32837  er new mailing address, if applicable:  Inling address MAY BE A POST OFFICE BOX;  If amending the registered agent and/or registered office address on our records, enter the name of the new		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32837	
Enter new mailing address, if applicable:	12701 S JOHN YOUNG PKWY STE 2	17
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32837	
registered agent and/or the new registered office address her  Name of New Registered Agent:		the name of the ne
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida	
	City	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 amerding 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	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	PEREYRA NOYA, DAVID	12701 S JOHN YOUNG PKWY STE 217 ORLANDO FL 32837	□ Add
			Remove
			■ Change
MGRM	PEREYRA NOYA, MARIA A	12701 S JOHN YOUNG PKWY STE 217 ORLANDO FL 32837	
			□ Remove
AMBR	PEREYRA, RAQUEL	12701 S JOHN YOUNG PKWY STE 217 ORLANDO FL 32837	Add
			Remove
AMBR	PEREYRA, AYDEE	YDEE 12701 \$ JOHN YOUNG PKWY STE 217 ORLANDO FL 32837	Add
			□ Remove
			€ Change
-			□ Add
			Remove
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and the second	.1 .1 .	e en	10/24/2019	)		(4:··		
Affective date, if other an effective date is listed Note: If the date insert locument's effective d	, the date must be s ed in this block of	pecific and loes not m	cannot be prior eet the applic	able statutor	ng or more than y filing requir	(optional 90 days after filin ements, this dat	g.) Pursuant to 60	15.0207 ited as
e record specifies The 90th day aft			ate, but no	et an effect	tive time, a	it 12:01 a.m	. on the earli	ier o
OCTUBER 24	ſН	_	2019		Ą			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00