L19000040825

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing 0	Officer:

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A. RIVERS JAN 1 8 2022



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FLORIDA DEPARTMENT OF STATE Division of Corporations SECREMARY OF STATE TALLAHASSEE. FL

December 21, 2021

AHMED NODA 2101 SW 72 AVE APT 4 MIAMI, FL 33155

SUBJECT: TAMAL CRIOLLO, LLC Ref. Number: L19000040825

We have received your document for TAMAL CRIOLLO, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P20000071440 CASA CAMPO. INCORPORATED.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 021A00030730

COVER LETTER

Division of Cor			•
Tamal Crio		-	•
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ahmed Noda		
		Name of Person	
	Tamal Criollo LLC		
		Firm Company	
	2101 sw 72 ave apt 4		
		Address	
	Miami, FL 33155		
	ahnoda@outlook.com	City/State and Zip Code	·
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Ahmed Noda		786 308-7413	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	LI \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	L) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New March 2015		S	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tamal Criotlo, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 02/11/2019	and assigned
Florida document number L19000040825	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
CASA CAMPOLLE CASA CAMPO	PRODUCTS LLC	
the new name must be distinguishable and contain the word	ds "illimited reachity company," the designation "El.C" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET)	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	istered office address on our records, enter the	name of thonew registere
agent and/or the new registered office address	<u>here</u> :	JAH 13
Name of New Registered Agent:		
Stand Davidson & (SEC. A. Admin)		OF STAT
New Registered Office Address:	Emer Florida street address	07 15
		5
	, Florid:	Zin 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	<u>Name</u>	Address	Type of Action
			Remove
			☐Change
			
			□Remove
			□Change
			🖾 Add
			□Remove
•			□Add
			🗀 Remove
			LiChange
		<u></u>	□Add
		□Remove	
			□Add
			Remove
			□Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing,)! Note: If the date inserted in this block does not meet the applicable statutory filing resourcements, this date we document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The ord is filed. Dated December 3rd 2021	
Effective date, if other than the date of filing:	
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d is filed.	Pursuant to 605,0207 Ill not be listed as
Dated December 3rd 2021	90th day after the
A'-	
Signature of a member or authorized representative of a member	 -
AHMED NODA	

Filing Fee: \$25.00