L19000041931

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COVER LETTER

SUBJECT:	1158 CASA, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jav	rier Markowicz	
		Name of Person	
	Mar	rkowicz International Law	
		Firm/Company	
	2999	9 NE 191 St Suite 702	
		Address	
	Ave	entura, FL. 33180	
	info@	City/State and Zip Code mrkinternationallaw.com	
	E-mail address: (1	to be used for future annual report notific	ation)
For further information con	cerning this matter, please ca	all:	
Javier Marko	wicz	786 371-1295 at ()	
Name of P	erson	Area Code Daytime 1	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

TO:

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 ORGANIZATIONS OF

2019 HAR - 4 PM 12: 31

1158 CASA, LLC		
(Name of the Limited Liability C	ompany as it now appears on our records.	OF STATE
(// Fortuna Esti	inted Elability Company) ACCIANT.	OCE, FL
The Articles of Organization for this Limited Liability Com	pany were filed on February 11, 2019	and assigned
Florida document number L19000041931		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
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 ADDRES		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, here:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flat	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel Bajuk	19111 Collins Ave, Apt 3405 Sunny Isles, FL, 33160	
			Remove
	Monada II.C	10111 Callina A 12405	☐ Change
MGR Mona	Monada, LLC	19111 Collins Ave, Apt 3405 Sunny Isles, FL, 33160	■ Add
			Remove
			Change
			Remove
			□ Add
			Remove
			Change
			Change
			🗖 Remove
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(If an effective Note: If the	ate, if other than the date date is fisted, the date must be sp e date inserted in this block d effective date on the Departi	occific and cannot be poocs not meet the app	dicable statutory fi	(option of the contract of the	onal) filing.) Pursuant to 605.0207 (2 date will not be listed as th
the record) The 90th	specifies a delayed effort and ag after the record i	ective date, but s filed.	not an effective	e time, at 12:01 a	.m. on the earlier of:
Dated	February 27	2019	·		
			Hurry		
	Signa	iture of a member or a	athorized representat	ve of a member	

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Filing Fee: \$25.00