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COVER LETTER

	8 CASA, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	JAVIER MARKOWICZ			
	MARKOWICZ LAW	Name of Person		
	2999 NE 191 ST. SUITE #	Firm/Company 702		
	Address AVENTURA, FLORIDA, 33180			
	INFO@MRKINTERNATIO	City/State and Zip Code ONALLAW.COM		
For further information	E-mail address: (on concerning this matter, please ea	to be used for future annual report no	otification)	
JAVIER MARKOWI	-	786 3711295		
Nan	ne of Person		ime Telephone Number	
Enclosed is a check fo	or 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)	
Reg	ILING ADDRESS: istration Section ision of Corporations	STREET/COU Registration Sec Division of Corp		

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

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

17 m

	1158 CASA, LLC	
(<u>Name of the Limited I</u>	Liability Company as it now appears Florida Limited Liability Company)	on dur records. 9.0
(ional Emited Elabinity Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on	02/11/2019 and assigne
Florida document numberL19000041931	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company her	<u>·e</u> :
The new name must be distinguishable and contain the word	s "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	X)	
B. If amending the registered agent and/or		our records, enter the name of t
registered agent and/or the new registered office	e address here:	
N. CN. B. L. L.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	da street address
-	200	, 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
MGR	SERGIO PEREZ	2999 NE 191 ST; 702, AVENTURA, FL, 33180	■ Add
			□ Remove
		2000 107 101 00 707	
MGR	BERNARDO LEIS	2999 NE 191 ST; 702, AVENTURA, FL, 33180	= Add
			Remove
			Change
			□ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

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(If an effective date is listed, to Note: If the date inserted document's effective date	than the date of filing:
b) The both day after	the record is filed.
Dated	· 2019
-	Signature of a member or authorized representative of a member
JAVIER MA	RKOWICZ
	Typed or printed name of signee

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Filing Fee: \$25.00