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LLC AMP DC 6-22-19

COVER LETTER

SUBJECT:	CASA CONA, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bart Scovill, Esquire		
	Bart Scovill, PLC	Name of Person	
		Firm/Company	
	2480 Fruitville Road, Suite	2 10	
	· · · ·	Address	
	Sarasota, FL 34237		
	colinreisner@mac.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	ali:	
Bart Scovill, Esquire		941 365-2253 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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:

TO:

Registration Section
Division of Corporations

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

TO ARTICLES OF ORGANIZATION OF

CASA CONA, LL				_
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appe pility Company))		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L19000053851</u> .	ere filed on _	02/11/2019	and :	assignec
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LLC" or the	ne abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			 	
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:			ابال 19	
(Mailing address MAY BE A POST OFFICE BOX)			=======================================	역출
				GO.
B. If amending the registered agent and/or registered officered officered agent and/or the new registered office address here:	ce address o	on our records, <u>en</u>	ب	Second 10 Second
				,
Name of New Registered Agent:				
New Registered Office Address:				

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 wiprovisions 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida sireet address

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
AMBR	Natasha Reisner	1933 Bougainvillea Street	□ Add
		Sarasota, FL 34239	
			Remove
			Change
MGR	Natasha Reisner	1933 Bougainvillea Street	
		Sarasota, Fl. 34239	■ Remove
MGR	Colin Reisner	1933 Bougainvillea Street	Change
		Sarasota, FL 34239	
			■ Remove
			Change
AMBR	Colin Reisner Ttee Colin & Natasha Reisner Rev Trst 4/23/2019	1933 Bougainvillea Street	∃ Add
		Sarasota, FL 34239	□ Remove
AMBR	Natasha Reisner Ttee Colin & Natasha	1933 Bougainvillea Street	□ Change
	Reisner Rev Trst 4/23/2019	C 171 2 (220	⊒ Add
		Sarasota, FL 34239	□ Remove
			Change
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fective date, if other than the date (of filing:		(optional)
in effective date is listed, the date must be spe		o date of filing or more t	
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Filing Fee: \$25.00