

L190000 53851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

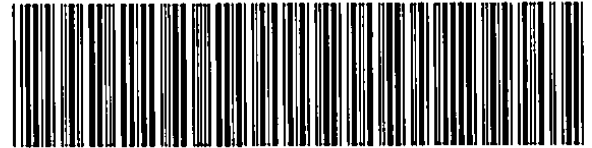
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
STATE OF MARYLAND

LLC
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CASA CONA, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bart Scovill, Esquire
Name of Person
Bart Scovill, PLC
Firm/Company
2480 Fruitville Road, Suite 10
Address
Sarasota, FL 34237
City/State and Zip Code
colinreisner@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bart Scovill, Esquire 941 365-2253
at ()
Name of Person Area Code Daytime 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
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, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/11/2019 and assigned Florida document number L19000053851.

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 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 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>	<u>Address</u>	<u>Type of Acti</u>
AMBR	Natasha Reisner	1933 Bougainvillea Street	<input type="checkbox"/> Add
		Sarasota, FL 34239	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Natasha Reisner	1933 Bougainvillea Street	<input type="checkbox"/> Add
		Sarasota, FL 34239	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Colin Reisner	1933 Bougainvillea Street	<input type="checkbox"/> Add
		Sarasota, FL 34239	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Colin Reisner Ttee Colin & Natasha Reisner Rev Trst 4/23/2019	1933 Bougainvillea Street	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34239	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Natasha Reisner Ttee Colin & Natasha Reisner Rev Trst 4/23/2019	1933 Bougainvillea Street	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34239	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

E. Effective date, if other than the date of filing: _____ **(optional)**
(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.) Pursuant to 605.0207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
(b) The 90th day after the record is filed.

Dated 30 MAY _____ 2019



Signature of a member or authorized representative of a member

Colin Reisner

Typed or printed name of signee