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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CASA STAR 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:

MOUSSAMIR, BOUCHAIB

\_\_\_\_\_  
Name of Person

CASA STAR LLC

\_\_\_\_\_  
Firm/Company

4561 W IRLO BRONSON MEMORIAL HWY

\_\_\_\_\_  
Address

KISSIMMEE FL 34746

\_\_\_\_\_  
City/State and Zip Code

BMOUSSAMIR70@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOUSSAMIR, BOUCHAIB

407 577-5835  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CASA STAR 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 03/11/2019 and assigned  
Florida document number L19000067439.

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:

4561 W IRLO BRONSON MEMORIAL HWY

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE FL 34746

Enter new mailing address, if applicable:

4561 W IRLO BRONSON MEMORIAL HWY

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE FL 34746

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
	ADDRESS CHANGE	4561 W IRLO BRONSON MEMORIAL HWY	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34746	<input type="checkbox"/> Remove
		8267 IMAGE CIR APT 307	<input checked="" type="checkbox"/> Change
	ADDRES SCHANGE	KISSIMMEE FL 34746	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRET

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

PLEASE CHANGE LOCATION ADDRESS FROM 5267 IMAGES CIR APT 307 KISSIMMEE FL 34746

TO 4561 W IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34746

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CLERK OF DISTRICT COURT  
JULY 1 2019

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06/24/2019

**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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 24 JUNE  2019

\_\_\_\_\_  
Signature of a member or authorized representative of a member

MOUSSAMIR, BOUCHAIB

\_\_\_\_\_  
Typed or printed name of signer