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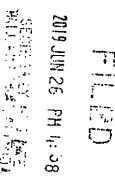
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
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COVER LETTER

то		istration Section Section of Cor		f	
SHI	RJECT:	CASA STA			
JU.	borci.		Name of Lim	ited Liability Company	
The	enclosed	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Plea	ase return	all correspo	ndence concerning this matter	to the following:	
			MOUSSAMIR, BOUCHA	IB	
				Name of Person	
			CASA STAR LLC		
				Firm/Company	
			4561 W IRLO BRONSON	MEMORIAL HWY	
				Address	
			KISSIMMEE FL 34746		
			BMOUSSAMIR70@GMA	City/State and Zip Code IL.COM	
			E-mail address: (to be used for future annual report notific	cation)
For	further i	nformation c	oncerning this matter, please co	all:	
MO	DUSSAM	IIR, BOUCH	AIB	407 577-5835 at ()	
		Name o	f Person	Area Code Daytime	Telephone Number
Enc	closed is	a check for th	e following amount:		
	\$25.00 I	Filing Fee	S30.00 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 Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000067439	were filed on 03/11/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4561 W IRLO BRONSON MEMO	RIAL HWY
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE FL 34746	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4561 W IRLO BRONSON MEMO KISSIMMEE FL 34746	20
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		7
Name of New Registered Agent:	. <u></u>	
New Registered Office Address:		
<u> </u>	Enter Florida street address	
	, Florid	aZip Code
	Спу	Σιρ 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 th 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>	Type of Action
	ADDRESS CHANGE	4561 W IRLO BRONSON MEMORIAL HWY	= Add
		KISSIMMEE FL 34746	
		8267 IMAGE CIR APT 307	☐ Change
	ADDRES SCHANGE	KISSIMMEE FL 34746	
			Remove
			Change
			Add
			☐ Remove
			Change
			Add 2019 Remove
			Change
			☐ Remove
			Add
			Remove
			Change

TO 4561 W IRLO BRONSON	MEMORIAL HWY KISSIMMEE FL	34746
		
		
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	06/24/2019	
ective date, if other than the	date of filing:	(optional)
te: If the date inserted in this blo	ck does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 605.0 y filing requirements, this date will not be listed
cument's effective date on the De	partment of State's records.	
record specifies a delayed	effective date, but not an effect	tive time, at 12:01 a.m. on the earlier
he 90th day after the reco		
ted 24 JUNE -	2010	
ted	. 2019	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00