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COVER LETTER

	Registration Se Division of Cor		. *	
SUBJEC	CASA GIO	FLLC		
SUBJEC	.I; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		MATTHEW IACOBELLI		
			Name of Person	
		CASA GIGI LLC		
			Firm/Company	
		8891 SW FISHERMANS	WHARF DRIVE	
			Address	
		STUART, FL 34997		
			City/State and Zip Code	
		iconunderground@comcast	.net to be used for future annual report notif	(sydian)
For furth	er information co	oncerning this matter, please ca	·	(Canon)
	IEW IACOBELI		772 446-2547	
	Name o	Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$ 25.0	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 GIGI LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability C	Company were filed on 03/12/2019	and assigned
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4.50
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		2019 OCT
(Mailing address MAY BE A POST OFFICE BOX)		<u>ρ</u> <u>μ</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the harace of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	. Flo	arida
	City . F to	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>	Address	Type of Action
AMBR	MATTHEW IACOBELLI	8891 SW FISHERMANS WHARF DRIVE	
		STUART, FL 34997	Remove
			☐ Change
MGR	MATTHEW IACOBELLI	8891 SW FISHERMANS WHARF DRIVE	■ Add
	 	STUART, FL 34997	Remove
AMBR	KAREN IACOBELLI	8891 SW FISHERMANS WHARF DRIVE	Change Add
	-	STUART. FL 34997	-
			■ Remove
MGR	KAREN IACOBELLI	8891 SW FISHERMANS WHARF DRIVE	Change
		STUART, FL 34997	☐ Remove
			Change
			Add
			☐ Remove
			Remove
			☐ Change

 					
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	10/0	1/2019		()	
fective date, if other than the one effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Department.	ck does not meet the	applicable statuto	ng or more than 90 c ry filing requireme	(Optional) lays after filing.) Pursuar ents, this date will not	nt to 605,020 be listed as
record specifies a delayed The 90th day after the reco		out not an effec	ctive time, at 1	2:01 a.m. on the	earlier o
OCTOBER 01	2019)			
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Typed or printed name of signee

Filing Fee: \$25.00