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Tallahassee, FL 32301

Registration Section
Division of Corporations

FO:

SUDIECT.	CASA AREL LLC Name of Limited Liability Company						
SUBJECT:							
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		GUADALUPE ELODIA I	RUEDA DE NELSON				
		· · · · · · · · · · · · · · · · · · ·	Name of Person	·			
For further information concerning ELIZABETH M VARGAS Name of Person MAILING ADD Registration Section Division of Corper P.O. Box 6327		Firm/Company					
		5810 SANTA MARIA AVE STE 205-83366					
	Address						
		LAREDO TX 78041					
		yoyarueda@hotmail.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notif	fication)			
For further in	nformation c	oncerning this matter, please ca	all:				
ELIZABET	H M VARG	AS	713 609 9821				
	Name o	f Person		e Telephone Number			
Enclosed is a	check for th	ne following amount:					
□ \$25.00 F	iling 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)			
	Registr Divisio P.O. Bo	ation Section on of Corporations	STREET/COURI Registration Section Division of Corpor Clifton Building	n ations			

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

CASA AREL LLC

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000070932	were filed on 03/13/2019 and assigned	
This amendment is submitted to amend the following:		
1. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	14417 ISLEVIEW DR	
Principal office address MUST BE A STREET ADDRESS)	WINTER GARDEN FL 34787	
Enter new mailing address, if applicable:	14417 ISLEVIEW DR	
(Mailing address MAY BE A POST OFFICE BOX)	WINTER GARDEN FL 34787	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Elevisle street and beautiful	
	Enter Florida street address	
	, Florida City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
l hereby accept the appointment as registered agent and agrown provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	
If Chai	nging Registered Agent, Signature of New Registered Agent	

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added r removed from our records:

4GR = Manager AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
AMBR	CHARLES ARTHUR NELSON MATIENZO	14417 ISLEVIEW DR	
		WINTER GARDEN FL 34787	■ Add
			Remove
			Change
AMBR	ALINE NELSON DE FONT	14417 ISLEVIEW DR	
		WINTER GARDEN FL 34787	22 ACC
			□ Remove
			□ Change
AMBR	CARLOS ARTURO NELSON	14417 ISLEVIEW DR	□ Add
		WINTER GARDEN FL 34787	A dd
			Remove
			Change
			Add
			Remove
			Change \\ \(\text{\text{\$\lambda\$}} \)
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			Remove
			□ Change

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(If an effect Note: If	e date, if other than the date of filing:
the reco) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated _	De Wilm
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00