

L19 0000 70932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

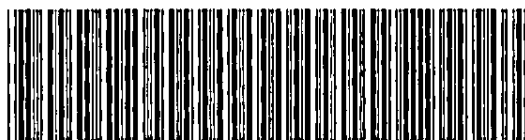
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 FEB -3 PM 3:36

RC 3/17/21

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CASA AREL 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:

GUADALUPE ELODIA RUEDA DE NELSON

Name of Person

Firm/Company

5810 SANTA MARIA AVE STE 205-83366

Address

LAREDO TX 78041

City/State and Zip Code

yoyarueda@hotmail.com

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

For further information concerning this matter, please call:

ELIZABETH M VARGAS

Name of Person

713 609 9821
at ()

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

CASA AREL LLC

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Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHARLES ARTHUR NELSON MATIENZO	14417 ISLEVIEW DR WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	ALINE NELSON DE FONT	14417 ISLEVIEW DR WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	CARLOS ARTURO NELSON	14417 ISLEVIEW DR WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

[illegible]

(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)

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.

Qae/um

Typed or printed name of signee