

L190000 84347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 AUG 15 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

AUG 21 2019  
C Kir

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CASSA INVESTMENT REALTY GROUP 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:

MARIET OSTOS

Name of Person

SUCCESS BUSINESS SOLUTIONS

Firm/Company

2751 S CHICKASAW TR STE 106

Address

ORLANDO FL 32829

City/State and Zip Code

FATIMA@MARIETOSTOS.COM

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

For further information concerning this matter, please call:

MARIET OSTOS

407

7454684

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**

CASSA INVESTMENT REALTY GROUP 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 03/27/2019 and assigned  
Florida document number L19000084347.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CASSA INVESTMENT GROUP LLC

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:

**(Principal office address MUST BE A STREET ADDRESS)**

12701 S JOHN YOUNG PARKWAY, STE 217

ORLANDO FL 32837

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

12701 S JOHN YOUNG PARKWAY, STE 217

ORLANDO FL 32837

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

*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 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>
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		<hr/>	<input type="checkbox"/> Remove
		<hr/>	<input type="checkbox"/> Change
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		<hr/>	<input type="checkbox"/> Change

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee