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SUBJECT:	CASA MA	RGARITA 1713, L.L.C.		
		Name of Lim	ited Liability Company	-
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		ROSA R ESTEVEZ		
			Name of Person	
			Firm/Company	
		1729 SW 5TH PLACE		
		·	Address	
		FORT LAUDERDALE, F	L 33312	
			City/State and Zip Code	
		ECOROSA1@YAHOO.CO	ЭМ	
		E-mail address: ()	to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
ROSA R ES	STEVEZ		305 409-7170	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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 MARGARITA 1713, L.L.C. (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 $\frac{04/30/2019}{1}$ _ and assigned Florida document number _L19000117606 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CASA MARGARITA 1713 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the list of	e must be specific and vis block does not n	d cannot be prior to neet the applicat	date of filing or more	(optiona than 90 days after filin equirements, this day	g.) Pursuant to 605,0207 (
document's effective date on t	he Department of S	State's records.			
the record specifies a del) The 90th day after the			an effective tim	e, at 12:01 a.m	. on the earlier of:
Dated August 6		2019			
150000		·	- •		
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee