

L19000 266 205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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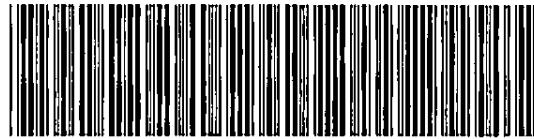
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

CASANOVA 4, LLC

**SUBJECT:**

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:

NELIDA A. CASANOVA

Name of Person

CASANOVA 4, LLC

Firm/Company

3373 W. 14 CT

Address

HIALEAH, FL 33012

City/State and Zip Code

julissacasanova@aol.com

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

For further information concerning this matter, please call:

NELIDA CASANOVA

305 812-8878

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

**TO  
ARTICLES OF ORGANIZATION  
OF**

CASANOVA 4, 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 10/23/2019 and assigned  
Florida document number 1.19000266205.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

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

3373 W. 14 CT

HIALEAH, FL 33012

Enter new mailing address, if applicable:

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

3373 W. 14 CT

HIALEAH, FL 33012

**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:

3373 W. 14 CT

Enter Florida street address

HIALEAH

City

Florida 33012

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	CASANOVA, NELIDA A.	3373 W 14 COURT HIALEAH, FL 33014	<input type="checkbox"/> Add
		(Incorrect Title and zip code)	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	MACHADO, JULISSA	3373 W 14 COURT HIALEAH, FL 33014	<input type="checkbox"/> Add
		(Remove)	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CASANOVA, NELIDA A.	3373 WEST 14 COURT HIALEAH, FL 33012	<input checked="" type="checkbox"/> Add
		(correct zip code and title)	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CASANOVA, NELIDA A.	3373 WEST 14 COURT HIALEAH, FL 33012	<input checked="" type="checkbox"/> Add
		(correct zip code and title)	<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

PLEASE NOTE THAT THE CORRECT ZIP CODE IS 33012. REMOVE ZIP CODE 33014.

PLEASE REMOVE THE TITLE P FOR THE AUTHORIZED PERSON(S). THE TITLE SHOULD BE AMBR/  
MGR

PLEASE REMOVE MACHADO, JULISSA, TITLE VP

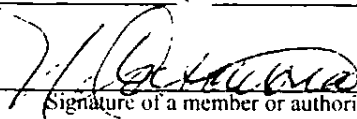
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**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.

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.

Dated November 9, 2019



Signature of a member or authorized representative of a member

Nelida A. Casanova

Typed or printed name of signer