L 2000020743

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
<u> </u>
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: CASE HO	LDINGS, LLC				
SUBJECT:		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Stephanie St Hilaire	Name of Person			
		rane of Ferson			
	CASE HOLDINGS, LLC				
		Firm/Company			
	7754 Okeechobee Bouleva	ard-514			
		Address	 		
	West Palm Beach, FL 334	11			
		City/State and Zip Code			
	caseholdings@gmail.com				
	E-mail address: (to be used for future annual report not	ification)		
For further information co	oncerning this matter, please c	all:			
Stephanie St Hilaire		at (561) 3230148			
Name of	f Person		ne Telephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Foo		
= \$25.00 1 ming 1 ee	Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:			
Registration Section Division of Corporations		•	Registration Section Division of Corporations		
P.O. Box 632	-	The Centre of	-		
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASE HOLDINGS, LLC

2224 12 Fill2: 07

(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appears o ability Company)	n our records.)
he Articles of Organization for this Limited Liab	oility Company v	vere filed on 01/08	and assigned
lorida document number L20000020743	·		
his amendment is submitted to amend the follow	ving:		
. If amending name, enter the new name of the	he limited liabil	ity company here	;
e new name must be distinguishable and contain the word	ds "Limited Liabilit	y Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		13929 80th Lane N.	
		West Palm Beach, FL 33412	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		7754 Okeechobee	Boulevard-514
		West Palm Beach, FL 33411	
. If amending the registered agent and/or reg	•	idress on our reco	ords, enter the name of the new regist
Name of New Registered Agent:	Stephanie St Hilaire		
New Registered Office Address:	7754 Okeechobe	e Boulevard-514	
	Enter Florida street address		
	West Palm Beach	h	, Florida ³³⁴¹¹
		City	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.

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>	Address	Type of Action
AMBR	Calix St Hilaire	521 SE MONET DR	□Add
	Chila	PORT ST LUCIE FL 34984	■Remove
			Change
			□Add
			□ Remove
		 	☐ Change
			□ Add
			□Remove
			Change
			□Add
			□ Add
			□ Remove
			☐ Change
			□ Add
			□Remove
			□Change

•	
	_
Effec	tive date, if other than the date of filing: (optional)
(If an o	ffective 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 (I if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ment's effective date on the Department of State's records.
he rec	ord 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
ord is	filed.
Date	d May 30 , 2024 .
	Signature of a member or authorized representative of a member
	Spinature of a memory of authorized representative of a memor
	Stephanie St Hilaire
	Typed or printed name of signee

. . .