## L2000000H934S

Office Use Only



200343301812

04/20/20--01016--010 \*\*25.00

2020 3:78 2:0 PM 3: 14

Mamch8

APR 29 2020
I ALBRITTON

## **COVER LETTER**

Division of Corporations	
SUBJECT: Casa Maria Whis Name of Limited Lie	oens Pines, UC-
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the f	ollowing:
	DeRosA Name of Person
	Firm/Company
7002	Sw76St Address
E-mail address: (to be use	State and Zip Code  State and Zip Code  OSC PMC. Who add for future annual report notification)
For further information concerning this matter, please call:	
Rosse De Ross A  Name of Person	at (786) 486-7673  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	555.00 Filing Fee &  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

**Registration Section** 

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 /

(asa Manio	a whispering Pines. CCC	
(Name of the Limited Liability Compan (A Florida Limited L.	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number \( \bigcup_{2000049348} \)		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:	20 1	_
(Principal office address MUST BE A STREET ADDRESS)		-
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7002 Sw76st MIAMI, P1 33143	- - -
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new regist</u> e	ered
Name of New Registered Agent:		-
New Registered Office Address:		_
	Enter Florida street address	
	, Florida	_
	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.

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 =	Ma	na	ger
		_	

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗀 Add
			□Remove
			□ Change
			□Remove
			□Change
		·	□Add
			□ Remove
			□Change
<u>-</u> .			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove

## Page 2 of 3

	<del></del>			<del></del>		
_						
			<del></del>			
_					· · · · · · · · · · · · · · · · · · ·	
				,		
			<del></del>	<u></u> .		
			<del>-</del> ·		<del>-</del>	
						<del>-</del>
	<del> </del>					<del></del> -
			_			
			· <del>·</del>			
						· · · · · · · · · · · · · · · · · · ·
			<u>.</u>			<del></del> -
				<u> </u>	,	<del></del>
		<del></del>				
	<del> </del>					
an effecti lote: If t	date, if other than the d we date is listed, the date must be the date inserted in this block is effective date on the Dep	e specific and ca k does not mee	nnot be prior to date t the applicable s	of filing or more that atutory filing requ	(optional) n 90 days after filing.) irements, this date v	Pursuant to 605.0207 vill not be listed as
		effective dat	e, but not an	effective time,	at 12:01 a.m. o	n the earlier o
e recor The 90	d specifies a delayed on the day after the recor	d is filed.	,			
The 90	d specifies a delayed of the day after the recor	rd is filed.	2020	D		
The 90	Oth day after the recor	rd is filed.	2020	uf		
The 90	April (5)	d is filed.	2020	representative of a me	ember	

Page 3 of 3