

L200000 49348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

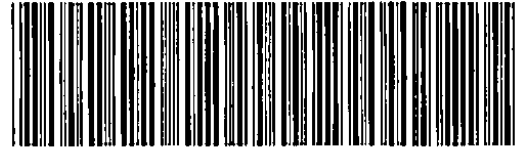
(Business Entity Name)

(Document Number)

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2020 MAY -4 AM 1:33

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5/22/20

TO: Registration Section
Division of Corporations

SUBJECT: _____

Casa Maria OCT, 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:

Rosie DeRosa

Name of Person

Firm/Company

7002 SW 76 ST

Address

Miami, FL 33143

City/State and Zip Code

rosiederosa@me.com

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

For further information concerning this matter, please call:

Rosie DeRosa

Name of Person

at

786, 486 7673

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 Address:

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

TO
ARTICLES OF ORGANIZATION
OF

Casa Maria OCT, LLC

2020 MAY -4 AM 7:3

(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 2/12/2020 and
Florida document number L20000049348

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 "LLC" or the abbreviation

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 r
agent and/or the new registered office address here:**

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 con
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar v
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Ag

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Tv

Ma, P1 33143

↓

AMBR

[illegible]

(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 **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.

Dated 4/30/2020.

Rosa De Rosa

Filing Fee: \$25.00