

L200000 76387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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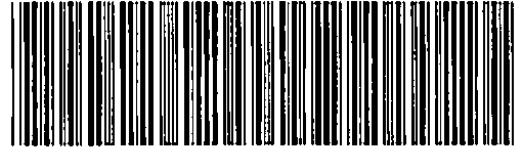
(Business Entity Name)

(Document Number)

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05/04/20--01008--026 **

CU

5/22/20

TO: Registration Section
Division of Corporations

SUBJECT: Casa JC Holdings, 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 De Rosa
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 De Rosa at (786) 486 7673
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32302

TO
ARTICLES OF ORGANIZATION
OF

Casa TC Holdings, LLC

2020 MAY -4 AM 7

(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 3/9/20 and
Florida document number 6200000076387

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 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

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

If Changing Registered Agent, Signature of New Registered

MGR = Manager
AMBR = Authorized Member

Title	Name	<u>Address</u>	<u>Type</u>
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N6R RASA DeRASA 7002 SW 76 St ☐

AMBR

7002 SW 76 St □

Ma, 133143

pages to _____

Authorized Member) _____

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

Dated 4/30/2020

Rosa De Rosa

Filing Fee: \$25.00