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(Requestor's Name)
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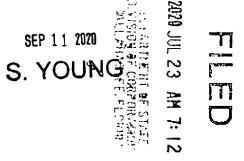


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DECENTED

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CASSAMIA VINTUS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Cassandra Boisslau Name of Person
Cassamia Ventures LCC
10433 Regent Square dr
Orlando FL 32825
City/State and Zip Code Choiss lau 80 Panall Com E-mail address: (to be beed for Juture annual report notification)
For further information concerning this matter, please call:
COSSANOVA BOISSLAM at (407) 595 2768 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee}\$\$ 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

Tallahuser, FL 32309

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Cassamia Ven	tures LLC
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (
Florida document number <u>L20000177953</u>	
This amendment is submitted to amend the following:	79· 2
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered
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 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
MGR	Cassandra Boisseau	10433 Regent Square	[X/vdd
Owner		10433 Regent Square dr Orlando, FC	□Remove
		32825	□ Change
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n effective ote: If th	date is listed, the edate inserted in	tan the date of the date must be specificated this block does to the Department	c and cannot be p not meet the ap	plicable statut	ling or more than	(option : 90 days after filterements, this d	ing.) Pursuant to (605.0207 listed as
ecord spe is filed.	ecifies a delayed	effective date, bu	t not an effectiv	ve time, at 12:	01 a.m. on the	earlier of: (b)	The 90th day a	fter the
ted	July	71		<u> 20</u> .	2	•		
		Signature	of a member or	authorized repre	sentative of a m	ember		

Filing Fee: \$25.00