Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H220003337803ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 : (786)845-8854 Fax Number : (321)473-3052

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CASAGRI LLC**

Certificate of Status	0
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Page Count	05
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J. HORNE

SEP 2 8 2022

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Corporate Filing Menu

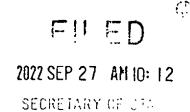
Help

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COVER LETTER

TO: Registration Division of C	Section Corporations	
	RILLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.
Please return all corre	spondence concerning this matter	to the following:
	CORINA A. SMITH PAR	RA
		Name of Person
	TAXCARE SOUTH MIA	MI
		Firm/Company
	1400 NW 107TH AVE ST	TE 203
		Address
	MIAMI, FL 33172	
		City/State and Zip Code
	CORINA.SMITH@TAXC	AREINC.COM (to be used for future annual report notification)
For further information	on concerning this matter, please c	• · · · · · · · · · · · · · · · · · · ·
	in concerning this matter, prease c	
CORINA A. SMITH		786 647-5866 at (
Nan	e of Person	Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:	
■ \$25.00 Fiting Fee	: ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
P.O. Box 6	on Section f Corporations	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**



FALLAHASSET, Fire

CASAGRI LLC

(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 Florida document number	were filed on	2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	ntion "LLC" or the abbr	eviation "L.L.C."
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 a agent and/or the new registered office address here:	iddress on our record	is, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	reet 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALVAREZ GONZALEZ, ANA MARIA	7751 NW 107TH AVE	
		UNIT 802	□Remove
		DORAL, FL 33178-4057	
	**************************************		□ Add
			□Remove
			[] Change
			□ Add
			□ Remove
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up. If the date inserted in this block	ik does not nieet the applicable sta	tutory filing requirements, this dat	will not be listed as
cument's effective date on the Dep	multiple of State Areenes.		
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Filing Fee: \$25.00