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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL (Business Entity Name)	197/207
(Document Number) Certified Copies Certificates of Status	S TALLENT NOV 2 5 2020
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To Whom this May Concern,

Please see attached form to name change my LLC.

Current name: Casanova Realty, LLC New name: Christine Casanova, LLC

Please feel free to reach out to me should you have any questions at 315-420-2964.

Please send updated documents to: 9111 Sabal Palm Circle Windermere, FL 34786

Included is a check for \$30.00 for the Filing Fee and Certified Copy.

Thank you,

Christine Casanova

COVER LETTER

Division of Corpor			
SUBJECT: <u>CASA</u>	inova Rea	Ity LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Christin	Name of Person	
		Name of Person	
		Firm/Company	
	9111 Sak	oal Palm Circ	Je
	Winderm	NETE FL 3478 City/State and Zip Code	36
-		S. CASANDVA D Coto be used for future annual report no	
For further information conc	erning this matter, please ca	ali:	
Christine O Name of Per	LASA NOVA	at (<u>3 5</u>) 420 Area Code Daytii	ne Telephone Number
Enclosed is a check for the fo	ollowing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number L 20000255728 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: windermere. (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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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.

New Registered Agent's Signature, if changing Registered Agent:

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			☐ Change
			□Remove
			□ Remove
		 	☐ Change
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Note: If the date	f other than the date s listed, the date must be s inserted in this block of tive date on the Depart	does not meet the a	pplicable statutory	or more than 90 days after the filing requirements, this	nal) iling.) Pursuant to 605.0207 (3 date will not be listed as th
he record specifies a ord is filed.	a delayed effective dat	e, but not an effect	ive time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
	10/13/70	,	·		
Dated					
Dated	CCa	san mx	9		
Dated	<u>CCa</u> Sign	SAN TVE ature of a member or	authorized represent	ative of a member	