L20000 286793

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COVER LETTER

TO: Registration Section **Division of Corporations** Casanova Property Management, LLC SUBJECT: 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: Erika Larios Grimaldi Name of Person Casanova Property Management, LLC Firm/Company 12572 Bovet Ave Address Orlando, Florida 32827 City/State and Zip Code erikalarios.realtor@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Enclosed is a check for the following amount: **\$25.00** Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

ATTN: JUDY SADLER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Casanova Property Management, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp Florida document number L20000286793 This amendment is submitted to amend the following:	pany were filed on $\frac{08/28/2020}{2}$	and assumed
A. If amending name, enter the new name of the limited	liability company here:	
Casa Nova Property Management, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite 2 #247 Orlando, Florida 32832	2
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records,	enter the name of the new registere
New Registered Office Address:		
New Registered Office Fluidess.	Enter Florida street address	
		, Florida
	City [,]	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp		

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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•		,	□Remove
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Effect If an eff Note: docum	ve date, if other than the date of filing:
e record rd is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	99/25/2020
,	X Darly.
	Signature of a member or suit
	Signature of a member or authorized representative of a member