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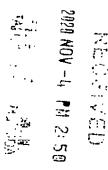
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

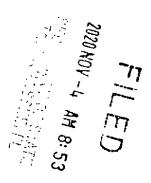
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CASA CAROLIN	A LLC			
		-		
				Art of Inc. File
	·			LTD Partnership File
				·
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			_	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			·	Cert. Copy
			 -	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictilious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: Seth]	UCC 1 or 3 File
				UCC 11 Search
Name	Date	Time		UCC II Retrieval
			I	

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
CASA CA SUBJECT:	ROLINA LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jason S. Ross, Esq.		
		Name of Person	
	Bauer Gutierrez & Borbor	n PLLC	
		Firm/Company	
	814 Ponce de Leon Blvd,	Suite 210	
		Address	
	Coral Gables, Florida 331	34	
		City/State and Zip Code	
	jason@bgblawgroup.com		
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please of	ali:	
Jason Ross		305 340-5959 at ()	
Name o	of Person	Area Code Daytine	e Telephone Number
Enclosed is a check for t	he 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 5	Section	Street Address: Registration Sec	etion
Division of C P.O. Box 632		Division of Cor The Centre of T	
15011 052	• •	THE CERTIE OF I	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASA CAROLINA LLC (Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.)		
(A Florida Limited Li	iability Company)		
he Articles of Organization for this Limited Liability Company v	were filed on $10/13/2020$ and as	_ and assigned	
lorida document number L20000324801			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabil	lity company here:		
ne new name must be distinguishable and contain the words "Limited Liabilit	ity Company," the designation "LLC" or the abbreviation "L	L.C.''	
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	2020 NO		
nter new mailing address, if applicable:	<u> </u>		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
	53		
. If amending the registered agent and/or registered office accent and/or the new registered office address here:	ddress on our records, enter the name of the ne	w regis	
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 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
MGR	ROBERT JENKINS	6261 CORAL LAKE DRIVE	□Add
		MIAMI, FL 33155	■Remove
			□Change
MGR	IRMA FIGUEROA	1000 WEST AVE, #1423	⊟ Add
		MIAMI BEACH, FLORIDA 33139	□Remove
			□Change
			□ Add
			Remove 2020 DiChange
			Add Add
		<u> </u>	CO Remove
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					7.7	ည်	
ffective date, if other than the data an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	specific and cann does not meet	ot be prior to the applicab	date of filing o	r more than 90 da	(optional) ys after filing.) Pu its, this date wil	irsuant to If not be	605.020 listed a
e record specifies a delayed e The 90th day after the record		, but not a	n effectiv	e time, at 12	::01 a.m. on	the ea	arlier o
ated		020					
/s/ Kristen Ordonez							
	gnature of a memb						_

Page 3 of 3

Filing Fee: \$25.00