

120000332993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

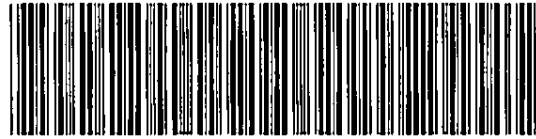
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2020 JAN -8 PM 12:55
SECRET
TALLahas, TX

O SIMMONS

JAN 15 2021



2020 DEC 18 PM 3:12

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2020

TAMAR LAPCO
19240 NE 20TH CT
N MIAMI BEACH, FL 33179

SUBJECT: CASA TAM LLC
Ref. Number: L20000332993

We have received your document for CASA TAM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 520A00025718

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Casa Tam LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tamar Lapco
Name of Person
CASA TAM LLC
Firm/Company
19240 Northeast 20th Court
Address
North Miami Beach FL, 33179
City/State and Zip Code
tamarlapco@hotmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamar Lapco at 954 309-1610
Name of Person Area Code Domain Telephone Number

Enclosed is a check for the 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 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

FILED

2020 JAN -8 PM 12: 55

SECRETARY OF STATE

(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 were filed on 10/20/2020 and assigned
Florida document number L20000332993

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 "LLC."

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 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

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

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Title

Address

AMBR

Tamar Lapco

Address SECON STATE
19340 Northeast Ave. ALCOT
North Miami Beach, Florida, 33161 ☒ Add

~~3. Add~~

☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove

Change

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Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLahassee, FL

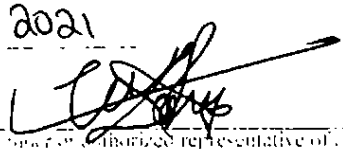
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and must not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, insert an effective time (at 12:01 a.m.) on the earlier of: (b) The 90th day after the record is filed.

Dated January 4, 2021



Signature of member or authorized representative of member

Tamar Lapeo
Typed or printed name of signer