

L21000039827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

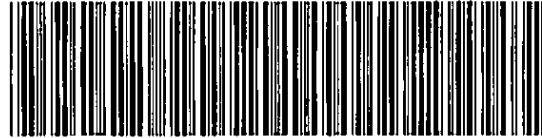
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/12/21--01034--012 **25.00

10/20/21

T.A.S.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT 12 PM 5:02

FILED

Filling Request for addition of Manager to LLC, Regarding
the Casper Investments LLC

The attached paperwork and check is to add Rashid Casper as a
registered manager to the Casper Investments LLC filed with Sunbiz

Rashid Casper (MGR)

813-523-0988

Rashid.casper@ymail.com

2004 S Parsons Ave Seffner FL 33584

Registered Agent:

Brooke Bass

813-763-7103

1307 windjammer place Valrico FL 33594

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Casper Investments LLC
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:

Rashid Casper (manager)
Name of Person

Casper Investments LLC
Firm/Company

2004 S. Parsons Avenue
Address

Seffner/FL/33584
City/State and Zip Code

rashid.casper@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Broke Bass (registered agent) at (813) 763-7103
Name of Person Area Code Daytime 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**

Casper Investments 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 were filed on 01/20/2021 and assigned
Florida document number L21000039827.

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Rashid Casper	2004 S. Parsons Ave.	<input checked="" type="checkbox"/> Add
		Seffner FL 33584	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2021 OCT 12 PM 5:02
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2021 OCT 12 PM 5:10Z
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TALLAHASSEE FLORIDA

2021 OCT 12 PM 5:02
SECRETARY OF STATE
ITALY/ASSTEC/FLORIO

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08-19-21

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.

Dated 08/11/21

Signature of a member or authorized representative of a member

BROOK BASS (registered agent)
Typed or printed name of signer

Typed or printed name of signer