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## **COVER LETTER**

	tion Section of Corporations
SUBJECT:	CASA VANDA LLC
_	Name of Limited Liability Company
The enclosed Ar	eles of Amendment and fee(s) are submitted for filing.
Please return all	prespondence concerning this matter to the following:
	MARIA TERESA RIVERO  Name of Person
	Name of Person
	Firm/Company
	14901 5W 11 ST.
	Address
	MIANI, FL 33194  City/State and Zip Code
	* * * * * * * * * * * * * * * * * * * *
	HAVIAVIVE TO C 90 @ 9 mail, com  E-mail address: (to be used for future annual report notification)
For further infor	tion concerning this matter, please call:
MARI	9 TERESA RIVERO at (321) 353 860 7  Jame of Person Area Code Daytime Telephone Number
ŕ	Iame of Person Area Code Daytime Telephone Number
Enclosed is a che	s 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 (additional copy is enclosed) 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

CASA VAN	DA LLC	
( <u>Name of the Limited Liabilia</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>し え 1 0 0 0 0 4 3 1 子 (</u>		202/and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDR	RESS)	
		<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the n</u>	tame of the new registe
Name of New Registered Agent:		
New Registered Office Address:		. 82
	Enter Florida street address	5 E 180
<del></del>	Florida	- Zin-Godo
New Registered Agent's Signature, if changing Registered	d Agent:	Zip Gode : 11

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>	Type of Action
MGR	SONIA F. COSTE	14901 SW, 11 ST	□Add
		MIAMI, F/ 33194 US	□Remove
			E/Change
MGR_	SONIA M. FUENTES-COSTE	14901 SW 11ST	⊠Add
		MIAMI, FL 33194 US	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
	, <del>, , , , , , , , , , , , , , , , , , ,</del>		□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change

Effe	ctive date, if other than the date of filing: (optional)
Not	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (32). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
doc	ment's effective date on the Department of State's records.
the rec	ord 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 filed.
Date	d December 29th 2021
	Signature of a member or authorized representative of a member
	MARIA TELESA KI VERO Typed or printed name of signee