

121 0000647 47

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

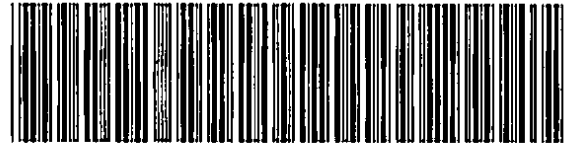
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Y. SCOTT

DEC 12 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASA Group 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:

Igor Cazacu

Name of Person

CASA Group LLC

Firm/Company

4525 Fairway Oaks Dr.

Address

Mulberry, FL 33860

City/State and Zip Code

igor.cazacu@utsfl.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
STATE

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For further information concerning this matter, please call:

Igor Cazacu

407

968-5016

at ()

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

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>
AMBR	ERLAN SAGADIEV ✓	219 WESTERN AVE, APT. S601	<input type="checkbox"/> Add
		ALLSTON, MA 02134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LILIANA CAZACU ✓	4525 FAIRWAY OAKS DR	<input type="checkbox"/> Add
		MULBERRY, FL 33860	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AIGERIM SAGADIYEVA ✓	219 WESTERN AVE, APT. S601	<input type="checkbox"/> Add
		ALLSTON, MA 02134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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CLERK OF DISTRICT COURT
STATE OF FLORIDA


E. Effective date, if other than the date of filing: NOVEMBER 17TH, 2021 (optional)

(If an 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 (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, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 17TH, 2021


Signature of a member or authorized representative of a member

IGOR CAZACU

Typed or printed name of signee