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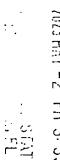
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Special Instructions to f	Filing Officer:	

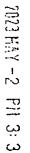




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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations			
LA CASO	NA LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The england Amid-1-1-1	`A	W. A.E., GIV		
	Amendment and fee(s) are sub-	-		
Please return all correspondence	ondence concerning this matter	to the following:		
	LAIS NEGRON			
		Name of Person		
	ALVAREZ LAW GROU	P		
		Firm/Company		
ALVAREZ LAW GROUP  Firm/Company  7750 SW 117 AVE. SUITE 206  Address  MIAMI, FL 33183  City/State and Zip Code marivi611@aol.com  E-mail address: (to be used for future annual report notification)				
		Address		
	MIAMI, FL 33183		. 20	
		City/State and Zip Code		
	· ·			
		·		
For further information of	concerning this matter, please c	all:		) -
LAIS NEGRON		786 620-2820 at ( )	Telephone Number	<u>,</u>
Name o	of Person	Area Code Daytime	Telephone Number	Л
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 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 Division of CP.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe	oorations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA CASONA LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our reco I Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Compan	y were filed on JUNE 2, 2021	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liat	oility Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<b></b>		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5 63 G
		36
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		Iorida
	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
AP	MARIA V. RAVELO	III NW 60 CT	_ 🗀 Add
		MIAMI. FL 33126	_ ■Remove
	Maria V. Ravelo Avila as Trustee of		_
AP	the MV Revocable Trust	III NW 60 CT	_ <b>III</b> Add
		MIAMI, FL 33126	_ □Remove
			Change
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			□Remove
			_ □Change
			_□Add
			Remove
			Change

## Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if	necessarv.)	
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	ptional) after filing.) Pursuant to 605 this date will not be liste	.0207 (3)(b) ed as the
the record specifies a delayed effective date, but not an effective time, at 12:00) The 90th day after the record is filed.	1 a.m. on the earlie	≘r of:
Dated 3/11/2023		
Main & Buento	2027	
Signature of a member or authorized representative of a member		
MARIA V. RAVELO		, -
Typed or printed name of signee	. 7	. •
Page 3 of 3	13:30 ENE	ىر. ،
Filing Fee: \$25.00	ריז סז	