L21000 311552

(Requestor's Name)
(Address)
(Address)
(Madess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Chilly Haille)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
8/13/21
TM

Office Use Only



600370837596

21 AUG -2 AH 11: 13

COVER LETTER

TO: Registration Section Division of Corporations ASSE +
SUBJECT: Casanova, Racovery UC 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:
Lorenzo Laurenzono Name of Person
Casanova Asset RecoveryLLC
7330 Gano RD
City/State and Zip Code Locenal aucenzano (Dyahoo, Come-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lorena Lauren 2 an O at 240, (271) 1045 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$30.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

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.

City

Zip Code

If smending 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

The state of the s

<u>Title</u>	<u>Name</u>		Type of Action
MGR	Lorenzo Laurenz	ano 7330 Gano RD	Add
		Groveland, FL	□Remove
		3473(C □ Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

	yviz da dilikali sideli i
	21 AUG -2 AHII: 13
(If an effective Note: If the	date, if other than the date of filing:
ne record sp ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	July 26 Zozl
	Signature of a member or authorized representative of a member
	Lorenzo Laurenzono Typed or printed name of signee