

12/20/24 8:53 AM

Division of Corporations

L21000369927

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: corporate@zkslaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CACSON LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Corporate Filing Menu

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K. SALY

DEC 26 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASCON 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:

N. DWAYNE GRAY, JR., ESQUIRE

Name of Person

ZIMMERMAN, KISER & SUTCLIFFE, P.A.

Firm/Company

315 E. ROBINSON STREET, SUITE 600

Address

ORLANDO, FLORIDA 32801

City/State and Zip Code

mhpnc33@gmail.com

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

For further information concerning this matter, please call:

JESSICA SNYDER, CORPORATE PARALEGAL

at (407)

425-7010

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

CACSON LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 DEC 20 PM 1:10
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on AUGUST 17, 2021 and assigned
Florida document number L21000369927

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOWLAND STATION COMMERCIAL, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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U.S. DISTRICT COURT
WILLIAMSBURG, VA

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

N/A

2024 DEC 20 PM 1:10
JULIA WILSON
FALLMASHISTON CORP.

FILED

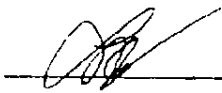
E. Effective date, if other than the date of filing: UPON FILING (optional)

(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 DECEMBER 19 2024



Signature of a member or authorized representative of a member

LARRY A. CAVALLARO

Typed or printed name of signee

Filing Fee: \$25.00