## 121000456024

(F	Requestor's Name)
(/	Address)
(/	Address)
(0	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(E	Business Entity Name)
([	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
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Office Use Only



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T. **MATTHEWS**JAN 10 2022



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November 12, 2021

DARLYN DE LEON 2729 CORYBROOKE LN KISSIMMEE, FL 34744

SUBJECT: LA CASA LYN, LLC Ref. Number: L21000456024

We have received your document for LA CASA LYN, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 021A00027557

## **COVER LETTER**

TO: Registration Sec Division of Corp			
subject: <u>La Ca</u>	sa Lyn		<del> </del>
	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Dajelyn Diaz		
	J 1	Name of Person	
	Dajelyn Diaz Lâ Casa Lyn		
		Firm/Company	
	2729 Corybr	ooke lane	
	2121 00,10	Address	
	Viccimmer Fl	24744	
	kissimmee, FL	City/State and Zip Code	
	hello@lacasaly	n.Com	
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please co	all:	
<u>Dajelyn</u> D	)ia Z	at (917) 716-1	865
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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

La Casa Lyn	21 050 20 70 45 25
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number <u>L21000456024</u> .	y were filed on and assigned and assigned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited lial	bility company here:
ne new name must be distinguishable and contain the words "Limited Liab	sility Company," the designation "L1.C" or the abbreviation "L.1C."
nter new principal offices address, if applicable:	5214 N Nebraska Avenue
Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33603
nter new mailing address, if applicable:	5214 N. Nebraska Avenue
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33603
. If amending the registered agent and/or registered office	address on our records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent: Daryo	De Leon
New Registered Office Address: 52/4	N. Nebraska Avenue
Ta	Enter Florida street address  MP3  Florida 33603  Zip Code
	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.

f 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			☐ Change
			Dhdd
			□Remove
			□ Change

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Note:	tive date, if other than the date of filing:
the reco ford is f	rd 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 illed.
Dated	Signature of a member or authorized representative of a member
	/
	Darlyn De Leon