L210005CS512

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nar	ne)
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2022 MAY 17 AM 6: 10 SECRETARY OF STATE

A BUTLER MAY 2 0 2022

COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT:	la Ocas	io LLC		
	Name of Limi	ited Liability Company		
The enclosed Articles of Amer	idment and fee(s) are sub-	mitted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
_	Ca	rla Ocas	.10	
-	Carlo	a Ocasio Firm/Company	LLC	
_	622 Tom	linson ler	race.	
_	$C \cap C \cap$	City State and Zip Code Sio 1@grail	·com	
For further information concer		to be used for future annual repor	t notification)	
Carla O Name of Perso	casio	at (407) 592	2–9355 aytime Telephone Number	
Enclosed is a check for the following	lowing amount:			
∑ \$25.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address:		Street Addres	ss:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Oi	FIFO
	1 1 to 1 1 0
Carla Ocas	10 LLC 2022 HAY 17 AM 6: LD
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
	SECRETARY OF STATE vere filed on 11 30142LAHASSEE and assigned
The Articles of Organization for this Limited Liability Company v	vere filed on 11 30 12 LANGASSE and assigned
Florida document number <u>L2 000508512</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(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:

New Registered Office Address:

Enter Florida street address

LAKE MAY, Florida

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
AMBR	Carla Ocasio	622 Tomlinson Terrace Late Mary, FL 32746	D⁄Add
		Lake Mary, PL 32796	□Remove
			Change
			□Add
			□Remove
			Change
·			□Add
		 	□Remove
			Change
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			□ Remove
		·	Change
			□Add
			□Remove
			□ Change

	I am just adding myseltas
	an Huthorized Person Detail
	Carla Ocasio
(If an el Note:	ive date, if other than the date of filing:
the reco	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 led.
Dated	$\frac{3 5 22}{\sqrt{ 1 }}$
	Signature of a member or authorized representative of a member
	Carla Ocasio Typed or printed name of signee



RECEIVED

2022 MAY 17 AM 10: 39

SECRETANT OF THE TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2022

CARLA OCASIO 622 TOMLINSON TERRACE LAKE MARY, FL 32746

SUBJECT: CARLA OCASIO LLC Ref. Number: L21000508512

We have received your document for CARLA OCASIO LLC and your check(s) totaling \$25.00. 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.

Letter Number: 222A00006164

Anissa Butler Regulatory Specialist II

www.sunbiz.org

March 3, 2022

To whom it may concern,

Please see the attached amendment paperwork to add my name as an "Authorized person Detail".

My contact number is: 407-592-9355

My return address is: 622 Tomlinson Terrace, Lake Mary, FL 32746

Thank you. Carla Ocasio