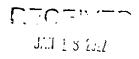
# LZZ 000003952

	Requestor's Name)
	Address)
(	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
Already	Fled
J	Office Use Only



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A. BUTLER FEB 15 2022

#### **COVER LETTER**

Div	sion of Corporations
SUBJECT:	CASA ESCAPE ST PETE, "LLC"
SUBJECT:	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:
	Cecil Miles
	Name of Person
	Firm/Company
	5184 Beach Dr SE - Apt B
	Address
	St Petersburg, Florida 33705
	City/State and Zip Code
	cecmiles@gmail.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
Cecil Miles	727 317-8732
	Name of Person at (
Enclosed is a	check for the following amount:
\$25.00 F	iling Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

CASA ESCAPE ST PETE, "LLC"		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	y Company were filed on January 1,	2022 , and assigned
lorida document number Tracking Number 30037853	7583	
his amendment is submitted to amend the following	;	
a. If amending name, enter the new name of the l	imited liability company here:	
CASA LINDA ST PETE, "LLC"		
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Maning address Mari De Frederica		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	t 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 our records:

MGR = 1	Manager Authorized Member	· · ·	
<u>Title</u>	Name	Address	Type of Action
			①Add
			□Remove
		~	□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
		<del> </del>	Change
		····	
		••••	□Remove
			☐ Change
	·····		□Add
		<del></del>	
			□Add
			□Remove
			□Change

<del> </del>	
<del></del>	
· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date of filir If an effective date is listed, the date must be specific ar Note: If the date inserted in this block does not document's effective date on the Department of	nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (meet the applicable statutory filing requirements, this date will not be listed as f
e record specifies a delayed effective date, but no rd is filed.	ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated January I.	., 2022
(bastities)	a member or authorized representative of a member
Signature of a	a member of authorized representative of a member
Cecil Miles	

Filing Fee: \$25.00



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 FEB 14 PM 12: 22

SECRETARY OF STATE TALLAHASSEE, FL

January 26, 2022

CECIL MILES 5184 BEACH DR SE APT B ST PETERSBURG, FL 33705

SUBJECT: CASA ESCAPE ST PETE, "LLC"

Ref. Number: L22000003952

We have received your document for CASA ESCAPE ST PETE, "LLC" and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on December 27, 2021.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 122A00002054

This is an Amendment to original Articles of Organization. See Hem'A" of Amendment The change is for one word in Original.

Delete word "ESCAPE" and Idd word "LINDA".

I was NOT able to reach Department phone
# 850-245-6050. The answer was transfer
went to "DEAD AIR" AND HANGUP. Please HELP me
went to "DEAD AIR" AND HANGUP. Please HELP me
CECIL MILES, 727-317-8732. My check was not return
Original Corporations. P.O. BOX 6327 Tollaborous Florida 2021 & All Jan.