

h22000150108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

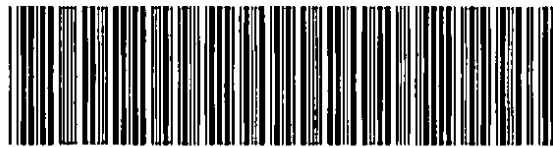
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**FILED**  
**2022 MAY 18 AM 11:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CASA IV PROPERTY INVESTMENTS 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:

Enrico Anders

\_\_\_\_\_  
Name of Person

Supra Tax LLC

\_\_\_\_\_  
Firm/Company

6236 Kingspointe Pkwy, Ste 1

\_\_\_\_\_  
Address

Orlando, FL 32819

\_\_\_\_\_  
City/State and Zip Code

business@supratax.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enrico Anders

407

890-1096

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

**FILED**

**2022 MAY 18 AM 11:13**

CASA IV PROPERTY INVESTMENTS LLC

**SECRETARY OF STATE  
TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on 03/28/2022 and assigned  
Florida document number L22000150108.

This amendment is submitted to amend the following:

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

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:**

6236 KINGSPORTE PKWY, STE 1

**(Principal office address MUST BE A STREET ADDRESS)**

ORLANDO, FL 32819

**Enter new mailing address, if applicable:**

6236 KINGSPORTE PKWY, STE 1

**(Mailing address MAY BE A POST OFFICE BOX)**

ORLANDO, FL 32819

**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:

SUPRA TAX LLC

New Registered Office Address:

6236 KINGSPORTE PKWY, STE 1

*Enter Florida street address*

ORLANDO


*City*

Florida 32819

*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 add or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Carlos Eduardo Ferreira	6236 KINGSPORTE PKWY, STE 1	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ana Carolina Pimenta Celico	6236 KINGSPORTE PKWY, STE 1	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rodrigo da Costa Geraldo	6236 KINGSPORTE PKWY, STE 1	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alan Aristides de Queiroz	6236 KINGSPORTE PKWY, STE 1	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eduardo Ferraz de Siqueira	6236 KINGSPORTE PKWY, STE 1	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Evolution property investments llc	6236 KINGSPORTE PKWY, STE 1	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

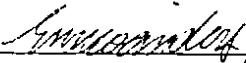
F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 May 12, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Enrico Anders

\_\_\_\_\_  
Typed or printed name of signer