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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L22000298064

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

From:  
Account Name : ANDINO CONSULTING GROUP INC  
Account Number : I20220000013  
Phone : (407)376-2911  
Fax Number : (407)674-2255

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

Email Address: danica@andinocg.com

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

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C. Brumble

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**COVER LETTER**

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**TO: Registration Section  
Division of Corporations****SUBJECT: CASACOS 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:

DARIO ALVAREZ

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

ANDINO CONSULTING GROUP INC

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

8421 S ORANGE BLOSSOM TRL STE 106

\_\_\_\_\_  
Address

ORLANDO, FL 32809

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

INFO@ANDINOCG.COM

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

For further information concerning this matter, please call:

DARIO ALVAREZ

407 376-2911  
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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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CASACOS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/23/2022 and assigned  
Florida document number L22000239624.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

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:

NARDA CASALLAS

New Registered Office Address:

6335 NE 4th CT

Enter Florida street address

MIAMI

City

Florida 33138

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

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**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CASALLAS BENAVIDES, NARC	6335 NE 4th CT	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input type="checkbox"/> Remove
		N/A	<input checked="" type="checkbox"/> Change
MGRM	ACOSTA LEON, JUAN C	6335 NE 4th CT	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input type="checkbox"/> Remove
		N/A	<input checked="" type="checkbox"/> Change
MGRM	ACOSTA CASALLAS, SOFIA	6335 NE 4th CT	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input type="checkbox"/> Remove
		N/A	<input checked="" type="checkbox"/> Change
MGRM	ACOSTA CASALLAS, SIMON	6335 NE 4th CT	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input type="checkbox"/> Remove
		N/A	<input checked="" type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change

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

WE ARE CHANGING ONLY REG AGENT ADDRESS AND MEMBERS ADDRESS, THANK YOU

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

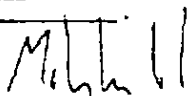
N/A

**E. 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 08/31/2022, 2022  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MEMBER

Narda Magaly Casallas Benavides.  
\_\_\_\_\_  
Typed or printed name of signer