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## COVER LETTER

Division of Cor			
SUBJECT:    Name of Limited Liability Company			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	GLORIA M ZEVALLOS		
		Name of Person	
	BEST QUICK TAX RETU	JRNS INC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	320 S BUMBY AVE SUIT	TE 10	
		Address	
	ORLANDO FL 32803		
		City/State and Zip Code	
	<del>-</del>	to be used for future annual report	antifortion)
For further information of			iountanon
Name o	i Person	Area Code Day	time Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration 5		Street Address Registration	
Division of C		Division of C	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASAHOTEL 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 \_\_\_\_\_ and assigned Florida document number L22000306073 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CASSA-HOTEL LLC 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: (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:

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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>	Name	Address	Type of Action
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record specifies a delayed effective date, but not an effective tin d is filed.	ie, at 12:01 a.m. on the earlier of: (b) The 90th day after i	he
a is free.		
Dated 25TH OF JULY 2022		
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Typed or printed name of signee