

7/19/22, 3:41 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000312710

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000243532 3)))



H220002435323.ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CASA AMORE INV LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2022 JUL 18 PM 4:06

FILED

2022 JUL 18 PM 4:26

Electronic Filing Menu

Corporate Filing Menu

K. SALY Help

JUL 19 2022

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2022 JUL 18 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Casa Amore Inv 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 07/13/22 and assigned
Florida document number L22000312710.

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: _____

(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

_____, 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 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	Karan Vijay Gupta	7901 4th St N	<input checked="" type="checkbox"/> Add
		STE 300	<input type="checkbox"/> Remove
		St. Petersburg, FL 33702	<input type="checkbox"/> Change
AMBR	Mridula Vijay Gupta	7901 4th St N	<input checked="" type="checkbox"/> Add
		STE 300	<input type="checkbox"/> Remove
		St. Petersburg, FL 33702	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2022 JUL 18 PM 4:07
STATE INVESTIGATOR
TALLAHASSEE, FL 32310

FILED

2022 JUN 14 PM 1:14
TALLAHASSEE, FLORIDA

FILED
2022 JUL 18 PM 4:07
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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.

Dated July 18, 2022

Riley Park.

Signature of a member or authorized representative of a member

Riley Park

Typed or printed name of signee