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SECRETARY OF STATE

2022 SEP 19 AH 8:

C/ 12/12/2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CASA GARCIA DES	JGN UC
Name of L	mited Liability Company
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matt	er to the following:
<u>Ga</u>	MULL N GAYCIA  Name of Person
	Firm/Company
1960 V	N 49th Street Apl 277
<u>Hia</u>	leah, FL 33012  City/State and Zip Code
CASA GAT CA E-mail addres	s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Mame of Person	at (407) US-9598  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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	Street Address: Registration Section
Division of Comorations	Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED

CASA CIARCII	2022 SEP 19 AM 8: 18
(Name of the Limited Liability (A Florida L	Company as it now appears on our records ECRE IN A COF STATE imited Ciability Company)  TALL ATTASSEE, FL
	mpany were filed on AUQUST 22, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	(SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Florida street address
<del></del>	, Florida
New Registered Agent's Signature, if changing Registered A	

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 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
$\cdot$ AMBR =	Authorized Member

Title	Name	Address	Type of Action
AMBR	Gabrelle N Garcia	19100 W 49th Street Apt Hialean, FL 33012	.277 (XAdd
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