123000036528

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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CHD IC/T.	THE CASA	AS GROUP REALTY LLC		
SUBJEC. I		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		JORGE CASAS		
			Name of Person	**************************************
		THE CASAS GROUP RE	ALTY LLC	
			Firm/Company	
		8835 NE 9TH CT		
			Address	· w · · · ·
		MIAMI, FL. 33138		
			City/State and Zip Code	
		JOCASAS@GMAIL.COM		
		E-mail address: (to be used for future annual re	port notification)
For further	information o	concerning this matter, please ex	all:	
JORGE CA	ASAS		305 9782	435
	Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for t	he following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	Certificate of Status &
	ailing Addre		Street Add	
	egistration			ion Section
	O. Box 632	Corporations 27		of Corporations re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CASAS GROUP REALTY I	LLC	
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ary on our records.)
The Articles of Organization for this Limited l Florida document number L23000036528	Liability Company were filed on	ANUARY 19 / 2023 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	here:
JORGE HENRIQUE CASAS GRAU 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 appli		
(Principal office address MUST BE A STRE	ET ADDRESS)	7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	9: 42
agent and/or the new registered office addr		records, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	8835 NE 9TH CT	
	Enter F	lorida street address
	MIAMI	. Florida 33138
	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, it 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>	Address	Type of Action
AMBR	NIDIA PATRICIA CASAS	8835 NE 9TH CT MIAMI, FL. 33138	= Add
			□Change
			□Remove
			Change
			□ Add
			□Remove
			
			🗀 Add
			□Remove
			□Change
		····	□ Add
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ffective date, if oth	er than the date of f	filing:	tu data of filing or mor	(options	al)
lote: If the date inse	rted in this block does r	not neet the applic	able statutory filing	requirements, this da	ite will not be listed a
ocument's effective	date on the Department	l of State's records	,		
record specifies a de	layed effective date, but	it not an effective ti	ime, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
l is filed.					
MARCH 05) ws,	
d is filed. MARCH 05 Dated	Signature	of a member or auth	orized representative	fa member	

Filing Fee: \$25.00