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DHZ73

COVER LETTER

TO: **Registration Section Division of Corporations**

CASA-TEITA LLC SUBJECT:

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:

EVELYN ZAKIA ANTOR

Name of Person	
Cuchyn Jaria Mior	
Firm/Company	

14937 SW 41 SWT LANE

Address

MIAMI, FLORIDA, ZIP CODE 34135

City/State and Zip Code

tuoficinaenusa@gmail.com

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

For further information concerning this matter, please call:

EVELYN ZAKIA ANTOR	. 305	9047070
	_ 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

03/03/2023 · 08:49AM 2399136599

DNZ73 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF PAG. 05/07

Zip Code

CASA-TEITA 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 <u>02/06/2023</u> and assigned
Florida document number <u>L23000065275</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	<u>pility company here</u> :
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	14 20 27 15
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Ester Florada street address
	florida

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 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being ad</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
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			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ZIP CODE 33185	
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02/03/2023	
ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing of the base of the	(optional) r more than 90 days after filing) Pursuant to 605 (

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 MARCH 08	2023
Ċ	Evelyn Laria Aria
	Signature of a member or authorized representative of a member
EVELYN ZAKIA AN	TOR

Typed or printed name of signee

Filing Fee: \$25.00