L23 0000 991 60

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submission Linky Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opedar mandedora to 1 ming officer.

Office Use Only



500423203795

02/12/24--01009--008 **25.00

2001/FEB 12 13/11/21

COVER LETTER

Di	vision of Cor			*	r". 1			
CUB IE CT	Casa Belize	: LLC·		1	į			
SUBJEÇT	:	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	ndence concerning this matter	to the following:					
		Scott Gimbert						
			Name of Person			_		
		Casa Belize LLC						
			Firm/Company			_		
		2621 Wassum Trail						
			Address		<u>,</u>		5 m /	
		Chuluota, FL 32766					onca FEB	
		·	City/State and Zip Code				12	
		scott@mjlequitygroup.com				•		
		E-mail address: (to be used for future annual report no	otification)			出出20	
For further	information c	oncerning this matter, please ca	all:				: 29	
Scott Gimb	pert		4()7 927-7457 at ()			•		
	Name o	f Person		ime Telepho	one Numbe	er		
Enclosed is	a check for th	ne following amount:						
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		Certific Certifie	Filing Fee, ate of Statu d Copy al copy is end		
R D P.	ailing Addres egistration S ivision of C O. Box 632 allahassee, I	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Mon Tallahassee, F	orporatio Tallahas roe Stree	ssee t, Suite	810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Casa Belize LLC		
(Name of the Limited Liability Con (A Florida Limit	npany <u>as it now appears on our records.</u> cd Liability Company))
he Articles of Organization for this Limited Liability Compa	any were filed on 2/24/2023	and assigned
orida document number L23000099160		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	iability company here:	
ne new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.I.,C."
nter new principal offices address, if applicable:		292
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
nter new mailing address, if applicable:		بر اورا
Aailing address MAY BE A POST OFFICE BOX)		2
Turning address that the party of the party		:. 0
. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	imuer i finiali su cel lataress	
	, Flo	ridaZip Code
	City	гір Соае

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 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>	Type of Action
MGR	Gimbert, Scott	2621 Wassum Trl	□Add
		Chuluota, FL 32766	■ Remove
			□Change
MGR	Cover, Mark	2621 Wassum Trl	□Add
		Chuluota, FL 32766	■Remove
			□Change
AMBR	MJL Enterprises LLC	2621 Wassum Trl	Add
		Chuluota, Fl. 32766	Remove
			Change (
AMBR	FBRG LLC	437 Hemmingwood Ct	☐Change
		Debary, Fl 32713	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

				· · · · · · · · · · · · · · · · · · ·		
		 				
	 					
			· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·				
					,	
						· · · · · · · · · · · · · · · · · · ·
					ヹ .	292
					望	FEE
						-
					· 	
						29
						
ctive date, if other than th	se date of filing:			(optional)	
effective date is listed, the date me: If the date inserted in this	ust be specific and can			ore than 90 day:	s after filing.) I	
ment's effective date on the	Department of State	e's records.	c statutory triii	ig requirement	s, this date w	iii not be fisted
ord specifies a delayed effect filed.	ive date, but not an	effective time	, at 12:01 a.m.	on the earlier	of: (b) The	90th day after ti
February 6	2	2024	_			
/	A					
// //		_	_			

Typed or printed name of signee