

L23000101499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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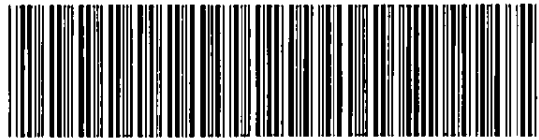
(Business Entity Name)

(Document Number)

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04/20/23--01013--015 \*\*25.00

FILED  
2023 APR 20 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RIVERS

JUN - 7 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CASABLANCA HOSPITALITY LLC.

\_\_\_\_\_  
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:

LAZARO FLORES

\_\_\_\_\_  
Name of Person

CASABLANCA HOSPITALITY LLC.

\_\_\_\_\_  
Firm/Company

18117 BISCAYNE BLVD, PMB 61797

\_\_\_\_\_  
Address

MIAMI, FL 33160

\_\_\_\_\_  
City/State and Zip Code

LFLORES@FLORESCORP.COM

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

For further information concerning this matter, please call:

LAZARO FLORES

786 333-1613  
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

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

CASABLANCA HOSPITALITY 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 02/27/2023 and assigned  
Florida document number L23000101499

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)

18117 BISCAYNE BLVD, PMB 61797

MIAMI, FL 33160

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

18117 BISCAYNE BLVD, PMB 61797

MIAMI, FL 33160

**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:

CHAMPIONS FINANCIAL SERVICES INC

New Registered Office Address:

5979 NW 151ST ST, SUITE 216

*Enter Florida street address*

MIAMI LAKES

*City*

Florida

33014

*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**

FILED  
2023 APR 20 PM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>
MGR	LAZARO FLORES	18117 BISCAYNE BLVD, PMB 61797	<input type="checkbox"/> Add
		MIAMI, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ADNAN JAFAROV	18117 BISCAYNE BLVD, PMB 61797	<input type="checkbox"/> Add
		MIAMI, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

RIL 5TH \_\_\_\_\_ 2023  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Typed or printed name of signee