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## **COVER LETTER**

	Name of Lin	nited Liability Company		
l Articles of	Amendment and fee(s) are sub	omitted for filing.		
all correspo	ondence concerning this matter	to the following:		
	Maria Benalcazar			
		Name of Person		_
	Casa Nieves, LLC			
		Firm/Company		_
	7917 West Dr. #22			
		Address		_
North Bay Village, FL 33141				
City/State and Zip Code				
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cazar		786 8998185		 ب
Name o	f Person	Area Code Dayti	me Telephone Numbe	ır
check for th	ne following amount:			
filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certifica	ate of Status &
		Street Address: Registration S	ection	
ision of C	orporations	Division of Co	orporations	
				R10
	Casa Nieve  Casa Nieve  Articles of all corresponding corresponding for the cazar  Name of check for the cazar check for the c	Articles of Amendment and fee(s) are subtable all correspondence concerning this matter  Maria Benalcazar  Casa Nieves, LLC  7917 West Dr. #22  North Bay Village, FL 33:  casanievesm@gmail.com E-mail address: (and the subtable and the subtable	Name of Limited Liability Company	Casa Nieves, LLC    Name of Limited Liability Company

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Casa Nieves, LLC			
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on a I Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability Compan	ny were filed on $\frac{03/28/20}{1}$	023	and assigned
Florida document number L23000154959			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company." the design	ation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			~>
			(2) (3)
Enter new mailing address, if applicable:		<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<del>- 5</del>
		<u>.</u>	
B. If amending the registered agent and/or registered office	s addrace on our roope	de onter the name of	+
agent and/or the new registered office address here:	address on our record	is, enter the name of	ਪੀ ਹੀ
Name of New Registered Agent:		<del>.</del> –	
New Registered Office Address:			
	Enter Florida street address		
<del></del>	City	Florida	Sip Code
New Registered Agent's Signature, if changing Registered Agen	•	<i>'</i>	ир Соце
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in this capa te performance of my a s provided for in Chap	luties, and I am fami ter 605, F.S. Or, if th	liar with and iis document is

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>	Name	<u>Address</u>	Type of Action
MGR	Farah Khadjetourians	7917 West Dr. #22	□Add
		North Bay Village, FL 33141	=Remove
		<del></del>	□Change
MGR	Maria Soledad Benalcazar	7917 West Dr. #22	= Add
		North Bay Village, FL 33141	□Remove
			□Change
AMBR	Maria Soledad Benalcazar	7917 West Or #22	
		North Bay Village, FL 33141	□ Remove
			☐ ☐ ☐ Change
			☐ Change
<del></del>			□Add
			□Remove
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			□Remove
			□Change

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ective date, if other that effective date is listed, the da	n the date of filing	:		(optio	nal)	
effective date is listed, the date: If the date inserted in tument's effective date on	his block does not mi	eet the applicable	te of filing or more t statutory filing rec	han 90 days after t quirements, this	iling.) Pu date wil	irsuant to 605.02 If not be listed
cord specifies a delayed ef s filed.	fective date, but not a	an effective time,	at 12:01 a.m. on th	ne earlier of: (b)	The 9	0th day after th
ed 05/02/2023						
			I representative of a			

Filing Fee: \$25.00