

L23000195708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

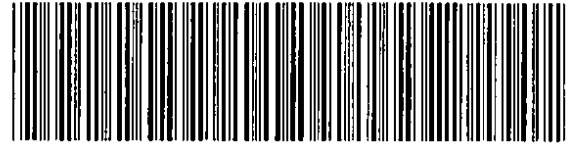
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07/05/23--01014--018 **25.00

FILED
23 JUL -5 PM 2:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

Casamayor Construction LLC

Articles of organization amendment

Name: Noelvys Casamayor

Number: (786) 865- 7085

Email: casamayornoelvys@gmail.com

Return Address: 7240 West 4Th ave unit 309
Hialeah, FL 33014

COVER LETTER

TO: Registration Section
Division of Corporations
Casamayor Construction 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:

Noelvys Casamayor

Name of Person

Casamayor Construction LLC

Firm/Company

960 West 29th Street APT 5

Address

Hialeah FL 33012

City/State and Zip Code

casamayornoelvys@gmail.com

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

For further information concerning this matter, please call:

Noelvys Casamayor

786

865-7085

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**

Casamayor Construction LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
23 JUL -5 PM 2:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/20/2023 and assigned
Florida document number 1.23000195708.

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)

7240 West 4th Ave Unit 309
Hialeah, Florida 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7240 West 4th Ave unit 309
Hialeah, Florida ~~33012~~ 33014

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:

Noelvys Casamayor

New Registered Office Address:

~~960 West 29th Street Apt 5~~ ~~7240 West 4th Ave~~ Unit 309

Enter Florida street address

Hialeah, Florida ~~33012~~ 33014

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, 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

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>
AMBR	Noelvys Casamayor	7240 West 4th ave unit 309 Hialeah, 33014 FL	<input checked="" type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Change
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[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 05, 30 11 2023

NoelvyS Casamayor
Typed or printed name of signee

Filing Fee: \$25.00