## L23000287259

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECRETARY O. 3. VIE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	CASIMIR Name of Limi	LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	B	ERLINE CA	SIMIR
		Firm/Company	
	3704	West GATE R	D
	orlando	FL 32808 City/State and Zip Code we 49 D 6-Wial. Go to be used for future annual report notific	
	E-mail address: (	ne 49 a 6 Mal. Walle to be used for future annual report notific	9N1 ration)
For further information cor	scerning this matter, please ca	all:	
BERLIN Name of I	E CASI 11	TR_at () 321 Area Code Daytime	-310-6621 Telephone Number
Enclosed is a cheek 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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(Name of the Limited Light	Ity Company as it now appears on our i	records.)		
(A Florid	lity Company as it now appears on our r da Limited Liability Company)	,		
The Articles of Organization for this Limited Liability	Company were filed on _06-1	4 - 2023 and assigned		
Florida document number <u>L 23 000 28 F</u>	12.59			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	The Na		
	A-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	SE 1978		
		AHA AHA		
Enter new mailing address, if applicable:		\$25 J		
(Mailing address MAY BE A POST OFFICE BOX)				
		70 F		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		enter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street o	address		
	, Florida			
	Ciņ	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>	Name	Address 3704 Westgate Rd orlando FL 32808	Type of Action
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8			
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Signature of a member of authorized representative of a member			- him		of a manufacture		
		Signati	ne out member or autr	iorizeu tepresentative	of a fixemoti		

Filing Fee: \$25.00