

L23000377022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

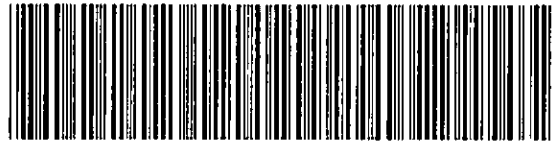
(Business Entity Name)

(Document Number)

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SOUTH CAROLINA
FILING OFFICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONTECASA 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:

ESCOBAR, BELUSKA J
Name of Person
CONTECASA LLC
Firm/Company
9420 LAZY LN SUITE E9
Address
TAMPA FLORIDA 33614
City/State and Zip Code
contecasaibr@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ESCOBAR, BELUSKA J at (813) 4189110
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

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STATE
TALLAHASSEE, FL

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

CONTECASA 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 07/10/2023 and assigned Florida document number 1.23000377022.

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:

16703 EARLY RISER AVE STE 213

(Principal office address MUST BE A STREET ADDRESS)

LAND O LAKES, FL 34638

Enter new mailing address, if applicable:

16703 EARLY RISER AVE STE 213

(Mailing address MAY BE A POST OFFICE BOX)

LAND O LAKES, FL 34638

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

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.

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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	LUXOR ENGINEERING & REMO	12000 N DALE MABRY HIGHWAY SUITE 264	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GOLDEN HOUSE INVESTING G	9420 LAZY LANE SUITE E9 TAMPA, FL 33614	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CONQUALITY LLC	3643 CUERNAVACA COURT LARGO, FL 33771	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ETEM INVESTMENT SOLUTIONS	8312 FOUNTAIN AVENUE TAMPA, FL 33615	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CREATIONS & PROPERTIES LL	8713 WATERWAY DRIVE TAMPA, FL 33635	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BLUEWAVE REAL OPPORTUNI	8713 WATERWAY DRIVE TAMPA, FL 33635	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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	RUIZINTELLINVEST LLC	6413 ELDORADO DR TAMPA, FL 33615	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JJ DESIGN AND REMODELING	4 NORTH FEDERAL HWY 325	<input checked="" type="checkbox"/> Add
		DANIA BEACH 33004	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GABANAINV CORP	2094 APALACHICOLA LN SANFORD, FL 32771	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 COUNTY OF HILLSBORO
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 07/01/2024 (optional)

(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)

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.

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.

Dated August 06, 2024

Escobar
Signature of a member or authorized representative of a member

ESCOBAR, BELUSKA J

Typed or printed name of signee

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STATE OF FLORIDA
DEPARTMENT OF STATE

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