

L23000478249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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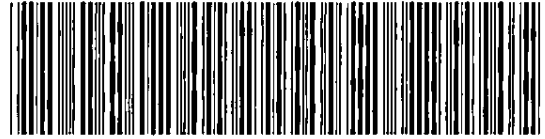
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV -8 AM 9:38

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASA CASES 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:

MEHDI LAZRAK
Name of Person

CASA CASES LLC
Firm/Company

5259 INTERNATIONAL DR SUITE F3
Address

ORLANDO FL 32819
City/State and Zip Code

MEHDILAZRAK1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MEHDI LAZRAK at (407) 369 2236
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

2024 NOV -8 AM 9:38
STATE OF FLORIDA
TALLAHASSEE, FL

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

CASA CASES 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 10/18/2023 and assigned Florida document number 123000478249

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

5259 INTERNATIONAL DR
SUITE F3
ORLANDO FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

MEHDI LAZRAK

New Registered Office Address:

5259 INTERNATIONAL DR SUITE F3
Enter Florida street address

ORLANDO, Florida 32819
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.

Yasmine Noor
If Changing Registered Agent, Signature of New Registered Agent

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2023 OCT 18 AM 9:33
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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	Yasmine Noorai	9457 PECKY CYPRESS WAY	<input type="checkbox"/> Add
		ORLANDO FL 32836	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change 50%
AMBR	MEHDI CAZRAK	5259 INTERNATIONAL LN	<input type="checkbox"/> Add
		Suite F3 ORLANDO FL 32819	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change 50%
			<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"/> Remove
			<input type="checkbox"/> Change

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SECURITY OF STATE
TALLAHASSEE, FL
FILED

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

YASMINE NAOURI was 100% OWNER Before.

NOW YASMINE NAOURI is 50% OWNER
AND MEHDI LAZRAK is 50% OWNER

E. Effective date, if other than the date of filing: 11/05/2024 (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 10/30/2024

Yasmine Naouri
Signature of a member or authorized representative of a member

Yasmine Naouri
Typed or printed name of signee

2024 NOV -8 AM 9:39
STATE OF MISSISSIPPI
MEHDI LAZRAK