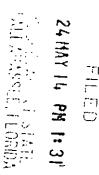
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(Red	questor's Name)	
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Special Instructions to F	Filing Officer:	
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COVER LETTER

	Registration Se Division of Cor		. -	,
SUBJEC	Casanas Fra	gancia LLC		
зовоес		Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-	- -	
		Diana Mederos		
			Name of Person	
		Casanas Fragancia LLC		Daytime Telephone Number 260.00 Filing Fee, Certificate of Status &
			Firm/Company	
		10645 Hammocks BLVD A	Apt 728	
			Address	
		Miami, Fl, 33196		
		casanasfragancia@gmail.co	City/State and Zip Code	
		• •	to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
Diana M	ederos		305 910-4301 at ()	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

1ENT	٠,4	•
ATION		

Casanas Fragancia LLC	
(Name of the Limited Liability Company as it now appears o (A Florida Limited Liability Company)	<u>in our records.</u>)
The Articles of Organization for this Limited Liability Company were filed on $\frac{12/01}{10000000000000000000000000000000000$	/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	:
he new name must be distinguishable and contain the words "Limited Liability Company," the design	
Enter new principal offices address, if applicable:	24 HAY 14
Principal office address MUST BE A STREET ADDRESS)	A A
	海 三二
	7 2 O
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on our recogent and/or the new registered office address here:	ords, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	street address
City	, Florida Zip Code
(in)	(In Lovia

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 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>	Type of Action
AMBR	Edgar Casanas Mederos	10645 Hammocks Blvd Apt 728 Miami, Fl 33196	🗃 Add
			Remove
			□Change

			Remove
			Change
			🗆 Add
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

Diana Mederos, be	changed from AR to AM	BR.			
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ective date, if other	than the date of filing	:		(optional)	
	e date must be specific and in this block does not me				
	on the Department of St				
	d effective date, but not a	an effective time, a	12:01 a.m. on the ea	rlier of: (b) The 90th	day after the
s filed.					
05/09/2024 ed		3:00 PM			
ea	, ,	(5)			
		The	•		

Typed or printed name of signee