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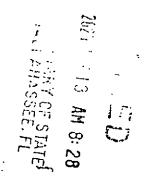
(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400431388054

06/13/24--01022--008 **25.00



C6/13/24

COVER LETTER

TO:

TO: Registration Division of C				
CASE 11	250 LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Ricardo A Rodriguez			
		Name of Person		
		Firm/Company		
	14261 Commerce Way, St	uite 105	=	707
		Address	> CT	.:
	Miami Lakes, FL 33016		258 258	ω
	pdricky@gmail.com	City/State and Zip Code	E, FL	AH 8: 28
		to be used for future annual report noti	fication)	; c
For further information	concerning this matter, please c	all:		
Ricardo A Rodriguez		305 908-8686 at ()		
Name	e of Person		e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & opy
Mailing Addr Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

agent and/or the new registered office address here:

Name of New Registered Agent:		
-		
New Registered Office Address:	Enter Florida street a	attress
		, Florida
	City	_, FloridaZip 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>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
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	<u></u>	DE CONTRACTOR DE	**
		AHAR AHAR	Landonk)
		SO AH	(Married)
		TAT FL	"Come"
ective date, if other than a effective date is listed, the dat	the date of filing: e must be specific and cannot be prior to date of fili	(optional)	t to 605.020
te: If the date inserted in th	his block does not meet the applicable statuto he Department of State's records.		
	ective date, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) The 90th de	ay after the
is filed.			
June 7	Signature of a member or authorized repres		

Typed or printed name of signee