

L24 000 172 082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

ified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100439507641

FILED

2024 NOV 13 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: TU CASO DE INMIGRACION LLC  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENY LIZ PETT GOMES  
Name of Person  
TU CASO DE INMIGRACION LLC  
Firm/Company  
2165 VAN BUREN STREET APT 722  
Address  
HOLLYWOOD FL 33020  
City/State and Zip Code  
TUCASODEINMIGRACION@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

FILED  
2021 NOV 13 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

JENY LIZ PETT GOMES at ( 954 ) 2250899  
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

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

TU CASO DE INMIGRACION LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 04/11/2024 and assigned  
file number 12-4000172052.

This amendment is submitted to amend the following:

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

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:**

2165 van buren street Apt 722 Hollywood Florida 33020

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

2165 van buren street Apt 722 Hollywood Florida 33020

(Mailing address MAY BE A POST OFFICE BOX)

**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:

N/A

New Registered Office Address:

N/A

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.*

If Changing Registered Agent, Signature of New Registered Agent

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
moved from our records:

R = Manager  
BR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	DESIREE A BRITO	453 SW 2ND STREET APT 403, MIAMI FL 33130	<input type="checkbox"/> Add
			<input checked="" 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
			<input 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

2025 NOV 13 PM 1:19  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

I REQUEST ONLY: REMOVAL A MEMBER, PRINCIPAL ADDRESS AND MAILING ADDRESS .

THANK YOU

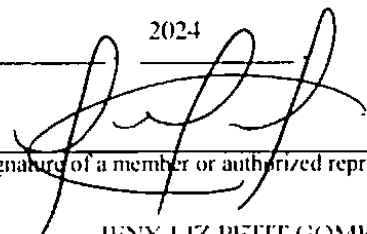
Effective date, if other than the date of filing: 11/04/2024 (optional)  
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED  
2024 NOV 13 PM 7:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

e 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  
rd is filed.

Dated NOVEMBER 04

2024



Signature of a member or authorized representative of a member

JENY LIZ PETTT GOMES

Typed or printed name of signee

Filing Fee: \$25.00