

L24000205097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

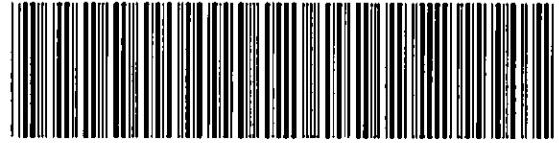
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2024 MAY 13 PM 2:56  
STONY BROOK, NY

**BRAD M. ARON**  
ATTORNEY AT LAW  
246 POST ROAD EAST  
WESTPORT, CONNECTICUT 06880

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TELEPHONE: (203) 226-3442  
EMAIL: BRAD@BRADARONLAW.COM

FACSIMILE: (203) 226-6113  
WEB: WWW.BRADARONLAW.COM

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May 9, 2024

BY FEDERAL EXPRESS

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Casa Carmela, LLC

Dear Madame:

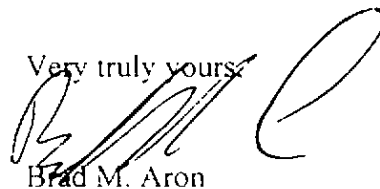
Enclosed are the following regarding the above-referenced limited liability company:

1. Statement of Correction;
2. Cover Letter; and
3. Check payable to "Florida Department of State", in the amount of \$60.00.

We look forward to receipt of the Certificate of Status and certified copy.

Thank you.

Very truly yours,



Brad M. Aron

BMA/trl  
Encls.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CASA CARMELA, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRAD M. ARON, ESQ.

\_\_\_\_\_  
Name of Person

BRAD M. ARON, ATTORNEY AT LAW

\_\_\_\_\_  
Firm/Company

246 POST ROAD EAST

\_\_\_\_\_  
Address

WESTPORT, CT 06880

\_\_\_\_\_  
City/State and Zip Code

BRAD@BRADARONLAW.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRAD ARON

203

226-3442

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☒ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: CASA CARMELA, LLC

**SECOND:** The Florida Document number of the limited liability company is: 1.24000205097

**THIRD:** Document to be corrected is: ARTICLES OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The street address of the principal office of the company, mailing address of the company, and street address of the registered agent were incorrectly listed in Articles II and III as 9350 West Bay Harbor Drive, Suite 3B, Bar Harbor Islands, FL 33154. It should be corrected to 9350 West Bay Harbor Drive, Suite 3B, Bay Harbor Islands, FL 33154.

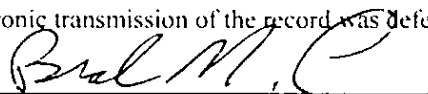
**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Principal and mailing address - 9350 West Bay Harbor  
RA Address - same update Dr., Suite 3B, Bar Harbor  
Islands, FL 33154

**OR**

- ☐ The electronic transmission of the record was defective.



Signature of Authorized Representative

5/9/24

Date

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee:                      \$25.00**  
**Certified Copy:                \$30.00 (optional)**

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**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

Brian M. E  
Signature of Authorized Representative

5/9/24  
Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

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\_\_\_\_\_  
Registered Agent's Signature

Filing Fee:                      \$25.00  
Certified Copy:                \$30.00 (optional)