L24000210408

| | (Requestor's Name) |
|----------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | (Business Entity Name) |
| . (| (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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| | |
| | Office Use Only |



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LLC Amend

97/12/24--01038--012 **25.00



A. RAMSEY AUG /3 2024

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COVER LETTER

| ; Regi Divi: | stration Section sion of Corporation | 15 | | |
|-----------------|---|---|---|--|
| | The | Casola | Group LL | <u>C.</u> |
| BJECT: | <u>`</u> | Name of Limited | Liability Company | |
| | | | | |
| e enclosed | Articles of Amenda | ment and fee(s) are submi | tted for filing. | |
| ease return | all correspondence | concerning this matter to | the following: | |
| | | | Casola | |
| | | | Name of Person | |
| | | The Co | asola Gro | JU gi |
| | | 1110 | Firm/Company | |
| | | 5815 T | Address | |
| | | 11. | Address | \^) |
| | | 100,0 | 2 40 39 | 243 |
| | | | City/State and Zip Code | . \ |
| | | Jante j Casc | be used for future annual report not | ification) |
| | | | | , |
| or further | information concern | ning this matter, please ca | 11: | 0 |
| Da | nte' C | <u>asola</u> | at (941) 408 | me Telephone Number |
| | Name of Perso | ac | Mice cone = -7 | • |
| Enclosed is | s a check for the following | lowing amount: | | 77 \$40 00 Filips Fee |
| \$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) |
| | Jailing Address: | | Street Address: Registration S | Section |
| | Registration Sect | | Division of C | orporations |
| | | | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



July 23, 2024

AUG 1 2 2024

DANTE CASOLA THE CASOLA GROUP LLC 5815 TAYLOR RD VENICE, FL 34293

SUBJECT: THE CASOLA GROUP LLC

Ref. Number: L24000210408

We have received your document for THE CASOLA GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

New)

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 124A00016159

Annette Ramsey OPS

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

| | | - | | 12 AM 8: 16 |
|---|--|---------------------------------------|-----------------------------|--------------------------|
| The Co | isola G | , , , , , | 2024 | AUG 12 AM 8: 16 |
| (Name of the Limi | ited Liability Compa (A Florida Limited I | ny as it now app liability Company | cars on our records.) | LIASSEE A AMER |
| | | | | |
| he Articles of Organization for this Limited L | Liability Company | were filed on _ | 2/8/90g | and assigned |
| Plorida document number <u>L24000</u> | 910 dos | | | |
| This amendment is submitted to amend the following | lowing: | | | |
| A. If amending name, enter the new name o | of the limited liab | ility company | <u>here</u> : | |
| | | | | |
| he new name must be distinguishable and contain the | words "Limited Liabil | ity Company," th | e designation "LLC" or th | ne abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | Mic | nele Ca | 50/a |
| Principal office address MUST BE A STREI | ET ADDRESS) | 5815 | Taylor | Rd. |
| N 1 1 2 22 2 2 2 1 1 M | 1.00 | Veni | cc 7-1 | 34293 |
| and the contract of | 2 A LIVER | | | |
| -Adding a managing po another registered as | 2017 | | | |
| Mailing address MAY BE A POST OFFICE | | | | |
| | | | | |
| | | | | |
| 3. If amending the registered agent and/or | • | address on our | records, <u>enter the r</u> | name of the new registe |
| gent and/or the new registered office addre | ess nere: | | | |
| | 0.1. | | laso/a | |
| Name of New Registered Agent: | 11/16/ | 1676 / | J 4 J U L U | |
| Name of New Registered Agent: | 5815 | rere c | 100 100 | |
| Name of New Registered Agent: New Registered Office Address: | 5815 | Enter F | Or Rd. | |
| | 1111Cr 5815 | Enter F | lorida street address | 34293 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

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> | Name | Address | Type of Action |
|--------------|----------------|------------------------------------|----------------|
| AMBR | Michele Casola | 5815 Taylor R2. Venice FL 34293 | & Add |
| | | Venice FL 34293 | Remove |
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| ctive date, if other than the d effective date is listed, the date must l | late of filing: | | (optional) | (05.000 |
| If the date inserted in this bloc ament's effective date on the Dep | ck does not meet the app | licable statutory filing re- | quirements, this date will i | not be listed a |
| ord specifies a delayed effective filed. | date, but not an effective | e time, at 12:01 a.m. on the | he earlier of: (b) The 90t | h day after the |
| cd 51/4 9 | 203 | 4 | | |
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Typed or printed name of signee