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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: CASA D CAMPO, LLC	
SUBJECT: (ASA) (AMPO, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ftra Ruhin Name of Person	
Etra Rybin, PLLC Firm/Company	
17230 NE 12th Ave.	
City/State and Zip Code E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	<u>₹.</u>
For further information concerning this matter, please call:	
Etra Ruhih at (954) (83-5554) Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee S30.00 Filing Fee S55.00 Filing Fee S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	itus &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Complete Florida document number $L \chi 4000 33 g C^{3}$.	spany were filed on $\frac{8/1/2024}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
CASA DE CAMPOIL	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	C. #
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	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 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
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			□Remove
			□Change
			_ 🗆 Add
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n effective date, it other the	tan the date of fill date must be specific a	ng:	te of filing or more than 9	(optional) 00 days after filing.) Pursuant to 605.
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ecord specifies a delayed	effective date, but n	ot an effective time,	at 12:01 a.m. on the ea	rlier of: (b) The 90th day after
is filed.				•
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