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COVER LETTER

	tration Se on of Corp				
SUBJECT:	a Casa D	Domingo			
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed A	articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return al	l correspo	ndence concerning this matter	to the following:		
		Carissa Kowal			
			Name of Person		
		La Casa Domingo			
			Firm/Company		<u> </u>
		10507 Vignon Court			
			Address		
		Wellington FL, 33449			
		*** **********************************	City/State and Zip Code		
		lacasadomingollc@gma		· · · · · · · · · · · · · · · · · · ·	
For further info	ormation co	E-mail address: (oncerning this matter, please c	to be used for future annual all:	report notification)	
Carissa Kow	al		561 5	07-7832	
	Name of	f Person	Area Code	Daytime Teleph	one Number
Enclosed is a c	heck for th	e following amount:			
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
•	ig Addres		Street A		
_	stration S	Section orporations	_	ration Section of Corporation	nns
	Box 632			intre of Tallaha	
Talla	hassee, F	FL 32314	2415 N	l. Monroe Stree	t, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Casa Domingo		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on August 29,2024	and assigned
Florida document number L24000379926		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
Inter new mailing address, if applicable:		1000
Mailing address MAY BE A POST OFFICE BOX)		
		F
		m 0
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	ization for this Limited Liability Company were filed on August 29,2024 and assigned inber L24000379926 ibmitted to amend the following: i.e. enter the new name of the limited liability company here: stinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." offices address, if applicable: ress MUST BE A STREET ADDRESS) ddress, if applicable: IY BE A POST OFFICE BOX) registered agent and/or registered office address on our records, enter the name of the new regist registered office address here: w Registered Agent: cred Office Address:	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Cruz	10507 Vignon Court	
		Wellington FL, 33449	Remove
			□Change
AMBR	Jose Irizarry	PO BOX 742	□Add
		Lake Worth FL, 33460	■ Remove
			[]Change
MGR	Carissa Kowal	10507 Vignon Court	∴ John Add
		Wellington FL, 33449	☐Remove
			Change
			AIE □Add
			□Remove
			□Change
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Septem					onal)		(05.0)
effective date is listed, the date must be specific and cannot be printed in this block does not meet the application.	olicable	statutory fi	ling require	ments, thi			
ment's effective date on the Department of State's record	ds.						
ord specifies a delayed effective date, but not an effective	e time :	at 12:01 a i	n on the ea	rlier of: ()	a) The	• 90th da	wafter t
filed.	c time, a	11 12.01 4.1	n. on the ca	inci oi. (i	,, 111	. 7001 00	iy aitei t
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