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(((H24000409540 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : H & R TAX ADVISORS LLC

Account Number : I20200000057

Phone : (786)857-6652

Fax Number : (786)204-3320

Email Address: jannett@hrtavad ' Eater the email address for this business entity to be used for future

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CASANEL3505 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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Corporate Filing Menu

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COVER LETTER

(((H240004095403)))

	itration Se ion of Cor				
CHO ICZYT.		EL3505 LLC			
SUBJECT: _		Name of Lin	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing		
Please return a	iii correspo	ndence concerning this matter	to the following:		
		Jannett Rodriguez			
			Name of Person		
		H&R Tax Advisors LLC			
			Firm/Company		
		12741 SW 38th TER			
			Address	# 1811 <u></u>	
		Miami FL 33175			
			City/State and Zip Code		
		jannett@hrtaxadvisors.com			
Use freehoe in 6	remution of	E-mail address: (oncerning this matter, please o	to be used for future annual report no	nneation)	
		oncerting this matter, prease c			
Jannett Rodrig			786 857-6252 at ()	me Telephone Number	
	Name of	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a c	heck for th	e following amount:			
■ \$25.00 Fil	ing 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)	
<u>Maili</u>	ng Addres	<u>s:</u>	Street Address:	:	
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O.	Box 632	7	The Centre of	Tallahassee	
Talla	ihassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000409540 3)))

CASANEL3505 LLC						
(Name of the Lim	ited Liability Cor (A Florida Limit	npany as it now appears of ed Liability Company)	n our records.)			
The Articles of Organization for this Limited 1	Liability Compa	my were filed on $\frac{12/12}{1}$	/2024	a	ınd assi;	gned
forida document number 1.24000507963						
his amendment is submitted to amend the fo	Howing:					
. If amending name, enter the new name	of the limited li	iability company here:				
OT APPLICABLE						
ne new name must be distinguishable and contain the	words "Limited Li	ability Company," the desig	nation "LLC" or th	e abbreviai	tion "L.L	.C."
nter new principal offices address, if appli	icable:	N/A				
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		2 - 1 1 - 1 2 - 1 2 - 1	2024 DEC 2 43	
If amending the registered agent and/or ent and/or the new registered office addre	* *	ce address on our reco	rds, <u>enter the n</u>	ame of th	he yfe w	register
Name of New Registered Agent:	H&R TAX	ADVISORS LLC				·
New Registered Office Address:	12741 SW 3	STH TER				
		Enter Florida	street address	•		
	MIAMI		Florida	33175		
		Cuy		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 $(((H24000409540\ 3)))$

<u>Title</u>	Name	Address	Type of Action
MGR	MANUEL ECHAZARRA CASAE	950 BRICKELL BAY DR, APT 3500	■Add
	FULL NAME* MANUEL ECHAZARRA CASADO	MIAMI, FL 33131	□Remove
			☐ Change
			Remove
			□Add
			□Remove
			□ Change
			□Add
		water-language pro-	□Remove
			□Change
			□Add
			□Remove
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Tective date, if other in effective date is listed, th	ie date must be specif	fic and cannot be prior	r to date of filing or	more than 90 days t	ptional) ifter filing) Pursuant	to 605 0207
ote: If the date inserted ocument's effective date	on the Departmen	not meet the appla t of State's records	cable statutory (i) i.	ing requirements.	this date will not r	oc inted as
record specifies a delayer is filed.	d effective date, bu	it not an effective t	ime, at 12:01 a.m	, on the earlier of	(b) The 90th day	y after the
is itted.						
DECEMBER 13 Dated	i t	2024		r		
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Filing Fee: \$25.00