

P21000074976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

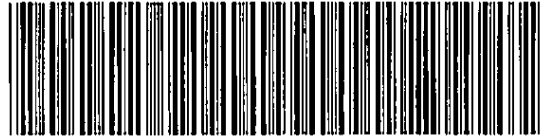
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FILED  
2021 OCT 11 AM 11:09  
TALLAHASSEE, FL  
SECRETARY OF STATE

A. Butler

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LA CASA DE MAMAM INC

**DOCUMENT NUMBER:** P21000074976

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHELLE M CAPPAS CASTILLO

Name of Contact Person

LA CASA DE MAMA INC

Firm/ Company

4820 N ARMENIA AVE

Address

TAMPA FL 33603

City/ State and Zip Code

lacd mama2021@gmail.com

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

For further information concerning this matter, please call:

MICHELLE M CAPPAS CASTILLO at ( 843 ) 283-2099  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

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

LA CASA DE MAMA INC.  
4820 N. ARMENIA AVENUE  
TAMPA, FL 33603

August 31, 2021

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N Monroe Street - Suite 810  
Tallahassee FL 32303

Attention Amendment Section Processor(s):

Attached please find amendment(s) to various articles for our company articles filed with the Division of Corporations, Secretary of the State of Florida.

Please be advised due to errors in the stated articles filed by a hired Accountant we are not able to open our business bank account or have our merchant services set-up for a recently acquired business that is scheduled to open the first week in September 2021.

We are requesting that you please try to expedite the process of these amendments as soon as possible to help us have our processes in place by our due date.

We understand that there are backlogs due to the current situation, however, we appreciate that you give this priority. We greatly appreciate your cooperation.

Sincerely,

Michelle M Cappas Castillo, Vice Present  
LA CASA DE MAMA INC.

Attachments: Articles of Amendments to Articles of Incorporation, Check # 1842



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2021

MICHELLE M CAPPAS CASTILLO  
LA CASA DE MAMA INC  
4820 N ARMENIA AVE  
TAMPA, FL 33603 US

SUBJECT: LA CASA DE MAMA, INC.  
Ref. Number: P21000074976

We have received your document for LA CASA DE MAMA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

YOU WERE MISSING A PAGE.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 221A00023291

Articles of Amendment  
to  
Articles of Incorporation  
of

2021 OCT 11 AM 11:09

LA CASA DE MAMA INC

(Name of Corporation as currently filed with the Florida Department of State)

P21000074976

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

13281 CORBEL CIRCLE

NO. 2027

FORT MYERS FL 33907

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

*(Florida street address)*

New Registered Office Address: 13281 CORBEL CIRCLE NO 2027 FORT MYERS, Florida 33907  
*(City) (Zip Code)*

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

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

*Signature of New Registered Agent, if changing*

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)(c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change                      PT      John Doe

X Remove                    V      Mike Jones

X Add                        SV      Sally Smith

| Type of Action<br>(Check One)      | Title | Name  | Address |
|------------------------------------|-------|-------|---------|
| 1) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       |       |       | _____   |
| <input type="checkbox"/> Remove    |       |       | _____   |
| 2) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       |       |       | _____   |
| <input type="checkbox"/> Remove    |       |       | _____   |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       |       |       | _____   |
| <input type="checkbox"/> Remove    |       |       | _____   |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       |       |       | _____   |
| <input type="checkbox"/> Remove    |       |       | _____   |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       |       |       | _____   |
| <input type="checkbox"/> Remove    |       |       | _____   |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       |       |       | _____   |
| <input type="checkbox"/> Remove    |       |       | _____   |

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

ARTICLE V -

The correct Registered Agent's Signature is: MICHELLE M. CAPPAS CASTILLO

ARTICLE VI -

The correct name and address of the incorporator is: MICHELLE M CAPPAS CASTILLO

13281 CORBEL CIRCLE No 2027

FORT MYERS FL 33907

The correct name of the of the electronic signature of the incorporator is: MICHELLE M CAPPAS CASTILLO

ARTICLE VII -

The correct name of the initial officer(s) are:

Title: P LUIS A CASTILLO GUZMAN

Title: VP MICHELLE M CAPPAS CASTILLO

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

AUGUST 31 2021

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

AUGUST 31, 2021

Effective date if applicable: \_\_\_\_\_  
*(no more than 90 days after amendment file date)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
*(voting group)*

Dated 9/8/21

Signature Michelle M. Cappas Castillo  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MICHELLE M CAPPAS CASTILLO

\_\_\_\_\_  
(Typed or printed name of person signing)

VICE PRESIDENT

\_\_\_\_\_  
(Title of person signing)