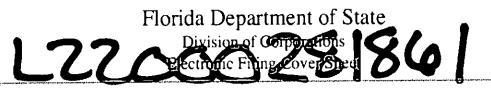
Division of Corporations

→ 18506176383



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Casuca LL					
(Name of the Limited Liability Company (A Florida Limited Li	r as it now appears on a ibility Company)	olt teentre)		
The Articles of Organization fo	or this Limited Liability Company w	vere filed on	06/22/2022	and assigne	d
Florida document numberL					
This amendment is submitted to	o amend the following:				
A. If amending name, enter (the new name of the limited liabil	ity company here:			
The new name must be distinguishab	le and contain the words "Limited Liabilit	y Company," the designs	nion "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices a	ddress, if applicable:				
Principal office address MUS	T BE A STREET ADDRESS)				
					 -
Enter new mailing address, it	f applicable:				
(Mailing address MAY BE A)	POST OFFICE BOX)				
	3 4 4		de autor the name	of the new re	deterod
B. If amending the registered agent and/or the new register	d agent and/or registered office a red office address here:	interion our recor	as, enter the paint	· · ·	
				022	•
Name of New Regist	ered Agent:				:
<u> </u>					
New Registered Office	ce Address:	Enter Florida s	reet address		
			. Florida	A	
		City		Zip Code	
New Registered Agent's Signat	ure, if changing Registered Agent:			8	

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>Titie</u>	<u>Name</u>	Address	Type of Action
MGR	Rafael Torre Lamuno	17901 COLLINS AVE APT 3201	23 A .dd
		SUNNY ISLES BEACH, FL 33160	□Remove
			Change
			□Add
			□Remove
			Change
· ·			DAdd
			CRemove
			Change
			🗀 Add
			□Remove
			Change
			DAdd
			Remove
			Change
			Remove
			Change

14154847068

Rafael Torne Lamuno
Typed or printed name of signee