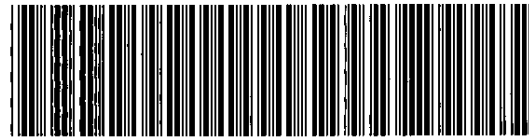


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER

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TALLAHASSEE, FLORIDA

**JOHN PAUL ARCIA, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW

parcia@arcialaw.com

PO BOX 330927  
MIAMI, FLORIDA 33233

TELEPHONE (305) 790-5713  
FAX NUMBER (786) 429-0411

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July 2, 2011

**REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FLORIDA 32314**

**RE : Amendment of Articles of Organization of Casas En USA, LLC  
Document # L 09000090829**

Dear Sir/ Madam,

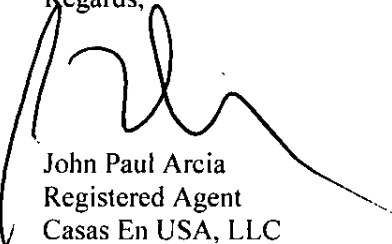
Enclosed please find our Articles of Amendment to Articles of Organization of the above referenced Limited Liability Company.

I have also enclosed payment in the amount of \$ 25.00.

Please note that we wish for the mailing address to be the PO Box indicated in the amendment form.

My daytime phone number is ( 305 ) 790-5713

Regards,



John Paul Arcia  
Registered Agent  
Casas En USA, LLC

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CASAS EN USA, 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:

**John Paul Arcia**  
Name of Person  
**John Paul Arcia, PA**  
Firm/Company  
**PO Box 330927**  
Address  
**Miami, Florida 33233**  
City/State and Zip Code  
**parcia@arcialaw.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**John Paul Arcia** at ( **305** ) **790-5713**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing 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)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Casas En USA, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 18, 2009 and assigned Florida document number L 09000090829.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 330927  
Miami, Florida 33233  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

John Paul Arcia

New Registered Office Address:

3291 Gifford lane

*Enter Florida street address*

Miami

Florida

33233

Zip Code

about

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

X please note mailing  
Address to be PO Box as indicated

FILED  
11 JUL -8  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

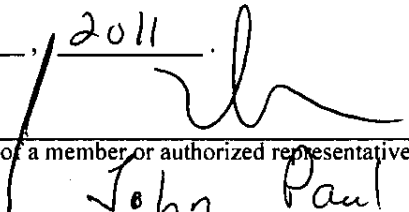
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated July 2, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
John Paul Accin  
\_\_\_\_\_  
Typed or printed name of signee