

SEP 13

L13000062236

P. 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000216628 3)))



H130002166283ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : COSTA & ASSOCIATES P.A.
Account Number : 120110000065
Phone : (305) 827-0100
Fax Number : (305) 675-2210

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 30 AM 9:34

FILED

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

Email Address: EMAIL@COSTALAWYERS.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CASSEL & ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

N. Guilgan OCT -1 2013

COVER LETTER

H 13 0002166283

**TO: Registration Section
Division of Corporations**

SUBJECT: CASSEL & ASSOCIATES, 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:

HELEN C COSTA

Name of Person

COSTA & ASSOCIATES

Firm/Company

6843 MAIN STREET #302

Address

MIAMI LAKES, FL 33014

City/State and Zip Code

EMAIL@COSTALAWYERS.COM

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

For further information concerning this matter, please call:

HELEN

Name of Person

at (**305 827-0100**)

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

H 130002166283

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2013 SEP 30 AM 9:34
H
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CASSEL & ASSOCIATES, 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 4/29/2013 and assigned
Florida document number L13000062236

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)

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: _____

New Registered Office Address: _____

Enter Florida street address

, Florida

City

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 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

H 130002166283

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

HA 130002166283

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CASSANDRA E. RODRIGUEZ	6843 MAIN STREET, SUITE 302	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FL 33014	<input type="checkbox"/> Remove
MGR	HELEN C. COSTA.	6843 MAIN STREET, SUITE 302	<input type="checkbox"/> Add
		MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

HA 130002166283

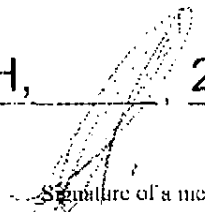
Sep. 30. 2013 12:30PM

No. 1672 P. 5

H 130002166283

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

Dated SEPT 27TH, 2013



Signature of a member or authorized representative of a member

HELEN C. COSTA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 SEP 30 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H 130002166283