L02000016460

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(City	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

AUG - 5 2013 J. BRYAN

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Casey Holdings 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:

Ben E. Price

Name of Person

Casey Holdings LLC

Firm/Company

7519 Pennsylvania Ave., Suite 102

Address

Sarasota, Florida 34243

City/State and Zip Code

tammy@35bp.com

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

For further information concerning this matter, please call:

Tammy Dillon

at (941₎355-9500

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

FILED PRZ. 16
SECRETARY OF FLORID

Casey Holdings, 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 Lia Florida document number L02000016460	bility Company	were filed on 6/2	28/02	_ and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Comp	any," the designation "LLo	C" or the abbreviation
Enter new principal offices address, if applical	ble:	7519 Penns	ylvania Avenue, Su	ite 102
(Principal office address MUST BE A STREET		Sarasota, Fi	orida 34243	
		7510 Penns	ylvania Avenue, Su	
Enter new mailing address, if applicable:			lorida 34243	102
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>	Sarasola, r	ioriua 34243	
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, enter the	name of the new
Name of New Registered Agent:	Ben E. Pric	e		
New Registered Office Address:	7519 Penny	yslvania Aven	ue, Suite 102	
		E	nter Florida street addre	ss
	Sarasota, F	lorida	, Florida <u>342</u>	43
		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

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 Title <u>Name</u> **Address Type of Action Brett Price MGRM** 7519 Pennsylvania Avenue, Suite 101 Sarasota, Florida 34243 Emove Remove Remove

		
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	·	
Luly 31	2013	
July 31	2013	
July 31	2013 Signature of a member or authorized representative of a member of a memb	per

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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