

L04000007108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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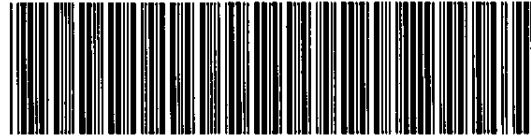
(Business Entity Name)

(Document Number)

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2014 OCT 23 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Guiten

OCT 27 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASA BETHLEHEM, 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:

BELEN D. MURRAY
Name of Person

Firm/Company

340 SUNSET DR #701

Address

FORT LAUDERDALE, FL 33301
City/State and Zip Code

LORETTA800@aol.com

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

For further information concerning this matter, please call:

MARY LORETTA MURRAY at 954 531-8600
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
2014 OCT 23 AM 10:44

CASA BETHLEHEM, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/27/04 and assigned
Florida document number L000007108

This amendment is submitted to amend the following:

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

BELEN D. MURRAY, LLC

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)

340 SUNSET DRIVE

#701

FORT LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

340 SUNSET DRIVE

#701

FORT LAUDERDALE, FL 33301

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:

MARY L. MURRAY

New Registered Office Address:

214 S.E. PARK ST

Enter Florida street address

DANIA BEACH, Florida 33004-3712

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 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.

Mary L. Murray
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>MGR.</u>	<u>MARY L. MURRAY</u>	<u>214 SE PARK ST</u>	☒ Add
		<u>DANIA BEACH, FL 33004</u>	☐ Remove

<u>PRES.</u>	<u>MARY L. MURRAY</u>	<u>214 SE PARK ST</u>	☒ Add
		<u>DANIA BEACH, FL 33004</u>	☐ Remove

<u>V.P.</u>	<u>BELEN D. MURRAY</u>	<u>340 SUNSET DR. #701</u>	☒ Add
		<u>FORT LAUDERDALE, FL 33301</u>	☐ Remove

<u>AMBR</u>	<u>THOMAS C. MURRAY</u>	<u>1525 S.E. 4 AVE</u>	☐ Add
		<u>FT. LAUD, FL 33316</u>	☒ Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 21, 2014.

Belen D. Murray
Signature of a member or authorized representative of a member
BELEN D. MURRAY
Typed or printed name of signer

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2014 OCT 23 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA