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EXAMINER

L. SELLERS

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Casa Al		nited Liability Company)	
	`	,	
The enclosed Articles of A	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Erica N. Hughes-Sterling	g, Esq.	
		(Name of Person)	
	Spottswood, Spottswood	d & Spottswood	
		(Firm/Company)	
	500 Fleming Street		
		(Address)	
	Key West, FL 33040		
	,———————	(City/State and Zip Code)	
For further information co	ncerning this matter, please c	all:	
Erica N. Hughes-Sterlin		at (305) 294-9556 ext 22	
(Name of	Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for the	e following amount:		
2 \$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

A 128

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

Casa Alberta, LLC						
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited Li	y as it now ap ability Compa	pears on our	records.)		
The Articles of Organization for this Limited Li Florida document number L05000019293					_ and assig	ned
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liabil	lity company	<u>here</u> :			
The new name must be distinguishable and end with "L.L.C."	n the words "Limite	ed Liability Co	mpany," the d	lesignation "LLC	" or the abl	oreviation
Enter new principal offices address, if applica	ıble:				<u>.</u>	
(Principal office address MUST BE A STREE	T ADDRESS)					
						
Enter new mailing address, if applicable:		1501 Florida	a Street			
(Mailing address MAY BE A POST OFFICE BOX)		Key West, F	L 33040	<u></u>		
B. If amending the registered agent and/o registered agent and/or the new registered off			n our reco	rds, <u>enter the</u>	name of	the new
Name of New Registered Agent:	Luis Cobo					
New Registered Office Address:	1501 Florida Street			7 co 0		
			(Enter Flori	da street addre		t-repair
	Key West		,	Florida 33040	5: = 5	(<u>}</u>
New Registered Agent's Signature, if changing R	egistered Agent:	(City)			(Zip Code)	
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this c	oper and comple tered agent as pr egistered office a	te performai ovided for in	nce of my du 1 Chapter 60	ties, and I am 8, F.S. Or, if t	familiar wi his docume	ith and

(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>	Name	<u>Address</u>	Type of Action
MGR	Michael B. Ingram	1001 Whitehead Stret, #101 Key West, FL 33040	Add Remove
MGR	Luis Cobo	1501 Florida Street Key West	
			Add Remove
			Add Remove
			Add Remove
-			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary)	
			<u>.</u>
Dated Nove	mber	20 <u>0</u> 8	08
	250	nember or authorized representative of a member	FILEI OB NOV 24 NH SEGNLEA LÉ SEE F
	Edia Cobo	Typed or printed name of signce Page 2 of 2	1 8: 56 FLORIDA

Filing Fee: \$25.00