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TALLAHASSEE, FLORIDA

AUG 29 2317

J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAS CONTRACTORS, 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:

Abdel Karim AYOUB

Name of Person

CAS Contractors, LLC

Firm/Company

3155NW 82ND Avenue, Suite 102

Address

Miami, FL 33122

City/State and Zip Code

ayoubabdelk@gmail.com

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

For further information concerning this matter, please call:

Amina Ayoub

at ( 305 ) 205-2100

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)

2017 AUG -3 PM 12:33

STATE OF FLORIDA  
TALLAHASSEE

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**

CAS Contractors, 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 11/14/2005 and assigned  
Florida document number L05000109953.

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 contain 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

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.*

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	AYOUB, Abdelkareem	3155 NW 82nd Ave, Suite 102	<input type="checkbox"/> Add
		Miami, FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AYOUB, Abdel Karim	3155NW 82nd Ave, Suite 102	<input checked="" type="checkbox"/> Add
		Miami, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

11 AUG 20 AM 7 36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 AUG 28 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1974

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

July 31<sup>st</sup> 2017

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Abdel Karim AYOUB

Typed or printed name of signee