# L07000106365

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(Ĉit	y/State/Zip/Phone	e #)		
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SECRETARY OF STATES

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Di	vision of Corpo	orations			
SUBJECT	Casa 1766, L	LC			
Name of Limited Liability Company					
The enclose	ed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please retur	n all correspond	dence concerning this matter to	o the following:		
		Scott D Smith			
Name of Person					
		Casa 1766, LLC			
Firm/Company					
		1655 South Drive			
Address					
		Sarasota, FL 34239			
			City/State and Zip Code		
		sdsmith17@gmail.com			
		E-mail address: (to	o be used for future annual report notific	ation)	
For further	information cor	ncerning this matter, please ca	II:		
Scott D Sm	ith		941 444-7982 at ( )		
	Name of I	Person	at () Area Code Daytime 1	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:

TO:

**Registration Section** 

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
2015 OCT -9 PM 12: 28
SECRETARY OF STATE
FALLANASSEE FLORIDA

Casa 1766, 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 October 19, 2007 and assigned Florida document number L07000106365 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 "LLC." 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: Scott D Smith Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

1655 South Drive

Sarasota

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Address	Type of Action	
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			□ Rcmove	
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D. If amending any other information, enter change(s)	•	
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(If an effective date is listed, the date must be specific and cannot be	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(applicable statutory filing requirements, this date will not be listed as the cords.	b)
If the record specifies a delayed effective date, but (b) The 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier of:	
Dated Octobe 6, 20	<u>(5</u>	
Dated October 6, 20		
Signature of a member of Scott D Smith, Managing Member	or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00