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SECRETARY OF STATE
TALL ANASSEE, FLORID

J. BRYAN

APR - € 2009

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	CAS Development LLC			
	Name of Lim	ited Liability Company	·	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
		Matthew Adams Name of Person		
	C	AS Development LLC	•	
	Firm/Company			
8695 Black Mesa Dr Address				O APR -5 PH 3: 28 SECRETARY OF STATE
	ARY OF			
	MPA E-mail address: (Adams2006@gmail.com to be used for future annual report no	tification)	3: 28 FLORI
For further information	concerning this matter, please of	eall:	, 10 m	or.
	atthew Adams of Person	at (407) Area Code & Dayt	697-7584 ime Telephone Number	<u></u>
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 enclos	ed) Certified	e of Status &
Regis Divis	tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUI Registration Sectorial Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CAS Development L	LC		
(Name of the Limited	l Liability Company as it now A Florida Limited Liability Com	pany)		
The Articles of Organization for this Limited L Florida document number L0700012	• •	on December 24, 20	007 and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liability compa	ny here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability	Company," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)	<u> </u>	F. 8 TO	
Enter new mailing address, if applicable:	<u> </u>		R-5 PH	
(Mailing address MAY BE A POST OFFICE BOX)			3: 28 STATE FLORID	
B. If amending the registered agent and/ registered agent and/or the new registered o	ffice address here:	s on our records, <u>enter</u>	the name of the nev	
Name of New Registered Agent:	Matthew Adams			
New Registered Office Address:	8695 Black Mesa Dr			
	Enter Florida street address			
	Orlando	, Florida _		
	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
MGRM	Ricardo E. Lovato	6043 Lake Point Dr Orlando Fl. 32822	Add Remove
			Add Remove
		•	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.,)
		,	10 APR -5 PA
Dated S+	OF April, 2016	****	PM 3: 28 OF ISTATE OF ISTATE
-	Matthew Adams	r authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00