

Division of Corporations Electronic Filing Cover Sheet

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H130001901653ABC-

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALONSO & GARCIA, P.A.

Account Number : I20020000031 Phone : (305)448-3898 Fax Number : (305)443-9073

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Death 20 Alongo Gol

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CASA FAMILIAR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

K. SALY EXAMINER

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Help AUG 29 2013

8/26/2013



August 28, 2013

FLORIDA DEPARTMENT OF STATE Division of Corporations

CASA FAMILIAR, LLC 5805 BLUE LAGOON DR **STE 200** MIAMI, FL 33126

SUBJECT: CASA FAMILIAR, LLC

REF: L08000061373

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted is for a corporation. Please resubmit your amendment on a LLC amendment form.

If you have any questions concerning the filing of your document, please call (850) 245~6870.

Karen A Saly Regulatory Specialist II

FAX Aud. #: H13000190165 Letter Number: 813A00020431

AUG 28

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
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LI AHASSEE, FLORIDA

CASA FAMILIAR 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 06/23/2008	and assigned
Florida document number L08000061373	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
N/A	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C."	"LLC" or the abbreviation
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 registered agent and/or the new registered office address here:	the name of the new
Name of New Registered Agent:	<del> </del>
New Registered Office Address:  Enter Florida street a	ddress
, 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 c	gree to comply with

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

08/28/2013	12:27
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ALONSO & GARCIA

PAGE 04

MGR = Ma MGRM = M	nager Janaging Member		
Title	<u>Name</u>	Address	ype of Action
MGR	FRANCISCO FAJARDO	4900 NORTH OCEAN BLVD, APT 1417	Add
		FORT LAUDERDALE, FL 33308	Remove
			Tediove
	_		Add
			Remove
			Kemove
			Add
_			Remove
			Add
			Remove
			Add
			Remove
			Add
	•		Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	ury.)
N/A	
Dated AUGUST 23 , 2013	
J. Mary	
Signature of a member authorized representative of a member LUIS MIGUEL FAJARDO	
LUIS MIGUEL FAJARDO	1
Typed or printed name of signee	<del>                                     </del>

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Filing Fee: \$25.00