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T. CLINE

AUG 20 2009

EXAMINER

COVER LETTER

TO:	Registration Sectorial Division of Corporate C		•	
SUBJE	CT:	Casa Be	ella Miami, LLC	
		Name of Limi	ted Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please 1	return all correspond	dence concerning this matter	to the following:	
			Name of Person	
		James J	. Stockman, Attorney At Law	
20725 SW 46th Avenue				
			Address	
		Ne	wberry, Florida 32669	5 , 2
			City/State and Zip Code	
		jim E-mail address: (1	- AR 6	
For furt	her information cor	ncerning this matter, please c		22 2
	James	J. Stockman	iat (_352) 472	-9310 EF. F. ST. F. C.
	Name of F	Person	Area Code & Daytime Tele	phone Number 3
Enclose	d 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: Registration Section			STREET/COURIER A Registration Section	DDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Casa	Bella Miami, LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appe Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	August 13, 2009	_ and assigned	
Florida document numberL0900078223				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company ho	ere:		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	oany," the designation "LLo	C" or the abbreviation	
Enter new principal offices address, if applicable:		···	Pr.3	
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>	2969 SE	
	· • • • • • • • • • • • • • • • • • • •	` <u>`</u>		
Enter new mailing address, if applicable:		Asse	E S	
(Mailing address MAY BE A POST OFFICE BOX)		· -		
			Em N	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the	name of the new	
		•		
Name of New Registered Agent:				
New Registered Office Address:	F	nter Florida street addres		
	Enter r tortaa street aaaress			
	City	, Florida	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

Type of Action <u>Title</u> Name **Address MGRM** Davis-Casa Bella 20725 SW 46th Avenue ✓ Add Managing, LLC Newberry Florida 32669 Remove Stefan M. Davis MGRM 20725 SW 46th Avenue ☐ Add √ Remove Newberry, Florida 32669 Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 17 2009 Dated ___ Signature of a member or authorized representative of a member Stefan M. Davis Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00