Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694~8107

Fax Number

: (561)694-1639

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CASUARINA PALACE, LLC

> Certificate of Status Certified Copy 0 04 Page Count \$25.00 Estimated Charge

> > AUG 1 1 2015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	It Company as it now enpoyer on o	tir records)	·····
(A Plorie	lity Company as it now appears on o in Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on December	er 1, 2009	and assigned
Plorida document number L09000114639			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited Hability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designs	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>	· — • • • • • • • • • • • • • • • • • •
(Principal office address MUST BE A STREET ADD			
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Enter new mailing address, if applicable:	,		
(Malling address MAY BE A POST OFFICE BOX)			······································
Name of New Registered Agent:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, <u>.</u>
New Registered Office Address:	Enter Florida str	eet address	
		Morida	
-	City	, Morida	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered to being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my d agent as provided for in Chapt red office address, I hereby co	luties, and I am fa er 605, F.S. Or, t	miliar with and f this document is
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	If Changing Registered Agent, S	> x	
	ti Unanging Registered Agent, S	ignature of New Ker	
	Page 1 of 3	ייז _כ	
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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>	Name	Address	Type of Action
MGR	GERARDO FUCITO	1541 Brickell Avenue	
		Suite 1503	■ Remove
		Miami, Florida 33129	□ Change
MGR	ROBERT COMPANY	1541 Brickell Avenue	■ Add
		Suite 1503	□ Remove
		Miami, Florida 33129	
			□ Add
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ective date, if other the effective date is listed, the e: If the date inserted in ument's effective date of the ecord specifies a che 90th day after the end of the	elayed effective date, but not an effective date, but not an effective date. Signature of a member or authorized representations.	tive time, at 12:01 a	s date will not be listed