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COVER LETTER

SUBJECT:	JJCASERIO FAMILY BEACH					
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	JOSE	PH M. CASERIO				
		Name of Person				
		Firm/Company				
	1018	1018 PILGRIM Address				
	BIRA	IINGHAM, MI 48009				
	Pincs	City/State and Zip Code				
	JOSI E-mail address: ()	EPH.CASERIO@OPCO.COM to be used for future annual report notifi	cation)			
For further information c	concerning this matter, please co	all:				
	KIRK, JR.	at (<u>248</u>) <u>641-7000</u>				
Name o	f Person	Area Code Daytime	Telephone Number STATE			
Enclosed is a check for the	he following amount:		tu ov			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address		Street Address:	rian.			

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

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICASERIO FAMILY BEACHWALK, LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on	5/28/2010 and assigned
Florida document number L10000058224	
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability compan	y here:
OSEPH M. CASERIO AND KAREN R. CASERIO TRUST, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	29 23
Mailing address MAY BE A POST OFFICE BOX)	
	2 1. (2)
	Y C
3. If amending the registered agent and/or registered office address on or	ir records, enter the name of the new registe
gent and/or the new registered office address here:) 2: 2 : FL
	i mi on
Name of New Registered Agent:	
New Registered Office Address:	
	Florida street address

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 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.

City

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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fan effective dat <u>Note:</u> If the da	e is listed, the date ate inserted in thi	must be specific ar s block does not e Department of	id cannot be pr meet the app	licable statut	ling or more than ory filing requi	90 days after t	iling.) Purs	uunt to 6 not be l	605.0207 isted as
record specifi d is filed.	es a delayed effe	ctive date, but no	ж an effective	e time, at 12:) I a.m. on the	earlier of: (b)	The 90t	h day a	fter the
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		Signature of a	member or au	thorized repre	exto sentative of a me	ember			

Filing Fee: \$25.00