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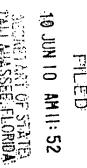
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COVER LETTER

TO:

TO:	Registration So Division of Co		•		
SUBJE	ECT:	GabiCass	Properties, LLC		
001001	<u> </u>		ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		CAR	CARMEN J. CUETOS, ESQ. Name of Person		
		THE (CUETOS LAW FIRM, P.A.		
	Firm/Company				
		8551 WEST SUNRISE BLVD STE 303			
	Address				
		FORT LAUDERDALE, FL 33322			
		CARM	City/State and Zip Code EN@CUETOSLAW.COM		
		E-mail address: (1	o be used for future annual report not	ification)	
For fur	ther information c	oncerning this matter, please c	all:		
	CARM	IEN J. CUETOS	. · at (_954_)	369-4656	
	Name o	f Person	Area Code & Dayti	me Telephone Number	
Enclos	ed is a check for t	he following amount:			
\$25	5.00 Filing Fee	\$30.00 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)	
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 JUN 10 AM 11: 52

GabiCass Pro	perties, LLC	FALLSHIP	SSEE, FLORIDA
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	T, VECORIDA
The Articles of Organization for this Limited Liability Company	were filed on	06/07/2010	and assigned
Florida document numberL10000060638			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lim. "L.L.C."	ited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	1593 TROTT	ER CT	
(Principal office address MUST BE A STREET ADDRESS)	WELLINGTON, FL 33414		
Enter new mailing address, if applicable:	1593 TROTT	ER CT	
(Mailing address MAY BE A POST OFFICE BOX)	WELLINGTO	N, FL 33414	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	17	. 51 11 11	
	Enter Florida street address		
·	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 Address Type of Action Title Name Remove Remove ___ Add Remove ☐ Add Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ Signature of a member or authorized representative of a member CARMEN J. CUETOS, ESQ. yped or printed name of signee Page 2 of 2

Filing Fee: \$25.00