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TALLAHASSEE, FLORIDA

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12/15/10--01010--013 **25.00

YOUNE
DEC 16 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cass Street Group LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sam Battle

Name of Person

Cass Street Group LLC

Firm/Company

221 West Oakland Park Boulevard

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

SBattle@BLservicesinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Battle

Name of Person

at (954)

565 8900

Area Code & Daytime Telephone Number

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

STREET/COURIER ADDRESS:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC 15 AM 10:00

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cass Street Group 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 7/15/10 and assigned
Florida document number L10000074940.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

221 West Oakland Park Boulevard

Fort Lauderdale, FL 33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

221 West Oakland Park Boulevard

Fort Lauderdale, FL 33311

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sam Battle

New Registered Office Address:

221 West Oakland Park Boulevard

Enter Florida street address

Fort Lauderdale

Florida

33311

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 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.

[Signature]
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MEMBER</u>	Philip E. Morgaman, Trustee Philip E. Morgaman, Trustee of PEM Irrevocable Trust I	3000 West Cypress Creek Road Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	Michael Gaddis	221 West Oakland Park Boulevard Fort Lauderdale, FL 33311	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>MORGAMAN, PHILIP E</u>	<u>3000 WEST CYPRESS CREEK ROAD</u> <u>FORT LAUDERDALE, FL</u> <u>33309</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>GADDIS, MICHAEL</u>	<u>3000 WEST CYPRESS CREEK ROAD</u> <u>FORT LAUDERDALE, FL</u> <u>33309</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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

MICHAEL GADDIS
Typed or printed name of signee