L10000109359

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
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B. KOHR

APR 1 6 2012

EXAMINER



700227857977

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COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	T: Casidy Investments 3 LL C Name of Limited Liability Company	
The enclos	sed Articles of Amendment and fee(s) are submitted for filing.	
Please retu	urn all correspondence concerning this matter to the following:	
	Steve Cassidy Name of Person	.+
	Steve Cassidy Name of Person Cassidy Invertment Firm/Company	FATELLY'S
	Firm/Company 5401 SW 164 Terr Address	艺品
	Sw Raycher, FL 33331 City/State and Zip Code S. Cassida a tom James. Com E-mail address: No be used for future annual report notification)	
For further	r information concerning this matter, please call:	
S	Name of Person at (954) 536 6/13 Area Code & Daytime Telephone Number	
Enclosed is	is a check for the following amount:	
∑\$25.00	Filing Fee \$\ \begin{array}{c} \$\$30.00 \text{ Filing Fee & } & \begin{array}{c} \$\$55.00 \text{ Filing Fee & } & \begin{array}{c} \$\$60.00 \text{ Filing Fee,} \\ Certificate of Status & \\ (additional copy is enclosed) \end{array} \text{ Certified Copy } \\ (additional copy is enclosed) \end{array} \text{ (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cassidy Invest	thento 3	pears on our records.) 11-9-10 and assigned
(Name of the Limited Liability Com (A Florida Limite	ed Liability Compa	ny)
The Articles of Organization for this Limited Liability Compa	any were filed on	//- 9-/0 and assigned %
Florida document number <u>L 100 00 /09 359</u>	any were med on	und assigned \
Horida document number	,	
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limited li	iahility company	here
A. If amending name, <u>enter the new name of the limited li</u>	iabnity company	1617 NW 15 Place LLC
The new name must be distinguishable and end with the words "L.L.C."		
Enter new principal offices address, if applicable:		
(Principal office address MUST_BE A STREET ADDRESS)	2	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· .
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address	on our records, enter the name of the new
egistered agent and/or the new registered office address in	<u>iei e</u> .	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	•	·
New Negistered Office Address.		Enter Florida street address
		Planida
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>'itle</u>	<u>Name</u>	Address	Type of Action
<u> Itic</u>	Name	Address	Type of Action
			Add
			Remove
			Add Remove
			Add Remove
			Add
			Remove
	•		-
			AddRemove
	•		
		,	
			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necess	ary.)
Dated	4-9-12		
	\$	for the second	
	Signature of a mem	ber or authorized representative of a member	
	Steve	Carrida	
	Тур	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00