

L10000109359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

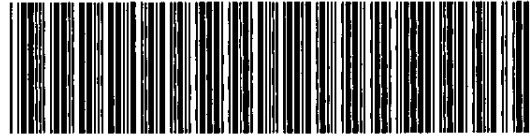
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR 12 PM 4:48

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cassidy Investments 3 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:

Steve Cassidy  
Name of Person  
Cassidy Investments  
Firm/Company  
5401 SW 164 Terr  
Address  
SW Rancher, FL 33331  
City/State and Zip Code  
S.cassidy@tomjames.com  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS  
12 APR 12 PM 4:48

For further information concerning this matter, please call:

Steve Cassidy at (954) 536 6113  
Name of Person 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  
DIVISION OF CONCORDANCE  
12 APR 12 PM 4:48

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 2

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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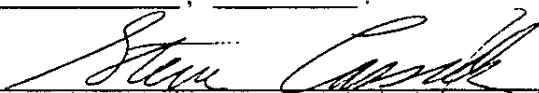


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Dated 4-9-12

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Steve Cassidy  
 \_\_\_\_\_  
 Typed or printed name of signee