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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : 120000000205

: (305)416-6800

Fax Number

: (305)416-6811

inter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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CASAM PROPERTIES, LLC

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COVER LETTER

	stration Sec sion of Corp			
enomer.	CASAM PR	OPERTIES, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Diane M. Hemandez		
			Name of Person	
		Adams Gallinar, P.A.		
			Firm/Company	
		1000 Brickell Avenue, Sui	te 300	
			Adáress	
		Miami, Florida 33131		
			City/State and Zip Code	
		dhernandez@agilaw.com		
		•	to be used for future annual report notif	cation)
For further in	formation co	ncerning this matter, please ca	all:	
Diane M. Her	mandez		305 416-6800	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:	·	
□ \$25.00 Fi	ling 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: 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 Tallahassec, FL 32301

12/10/2015 16:44 3054166811

ADAMS GALLINAR PA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CASAM PROP	,	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L11000019134	were filed on February 1	4, 2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company hero	
A. If alliending frame, cuter the new hame of the immediate	may company nere.	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designatio	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1435 Brickell Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Unit 63B	
	Miami, Florida 33131	
Entonnous mailing address of aunticulates	1435 Brickell Avenue	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Unit 63B	
maunic audress MAT BLATOST OFFICE BOX	Miami, Florida 33131	
registered agent and/or the new registered office address here Name of New Registered Agent:	<u>e</u> :	
New Registered Office Address:	Enter Florida street	address
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as position filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
If Chan	iging Registered Agent, Sign	sture of New Registered Agent
Page 1	of 3	

12/10/2015 16:44 3054166811 ADAMS GALLINAR PA or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Carlos M. Leon-Velarde	1000 Brickell Avenue	Add
		Suite 300	≅ Remove
		Miami, Florida 33131	☐ Change
MGR	Scamac Management, LLC	1000 Brickell Avenue	Add
		Suite 300	□ Remove
		Miami, Florida 33131	□ Change
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Remove
			Remove 2015 OF Change Change Change Change Change Change Change
			FOR D Remove
			Remove OR STATE OR Change

2/10/28 ix amen	215 16:44 3 nding any other in	954166811 formation, enter change(s	ADAMS GALLINAR PA) here: (Attach additional sheet	PAGE 05 ts, if necessary((H15000292285
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	·			
(If an effec <u>Note:</u> If	ctive date is listed, the d f the date inserted in	an the date of filing: ate must be specific and cannot be this block does not meet the a the Department of State's re-	applicable statutory filing requirem	(optional) days after filing.) Pursuant to 605.0207 (nents, this date will not be listed as th
he reco The 9	ord specifies a de 90th day after th	elayed effective date, but e record is filed.	ut not an effective time, at :	12:01 a.m. on the earlier of:
Dated D	December 10	2015	·	
		Llus	land	IS DEC
		Signature of a pember of	rauthorized depresentative of a member	SSAR
	Robert R. Adams,	Esw., Authorized Represents		
		Typed or	printed name of signee	STATE STATE
		1	Page 3 of 3	Om C

Filing Fee: \$25.00

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