LICOCOUPA

~
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500237024965

07/13/12--01012--001 **110.00

TALLAHASSEE FLUNDA

B. BOSTICK
'JUL 17 2012

EXAMINER

COVER LETTER

Division of Cor	porations			
SUBJECT:	Looking 61 Name of Limite	d Liability Company	LLC	
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ndence concerning this matter t	o the following:		
	Nancy ACA Comp	Name of Person L'ance Group Firm/Company	Patrycia	Chmura
		porate Blud Sur		
	Boca Rato	n H 3342 City/State and Zip Code		
	njca	SOW MSN COM	ion)	
	oncerning this matter, please ca	II:		12 JUL 1
/ V Q P Name o	Cy CUSS f Person	at (<u>\$66</u>) <u>\$89-\$</u> Area Code & Daytime T	elephone Number	2 PH 12:
Enclosed is a check for the	ne following amount:		6 77	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of S Certified Copy (additional copy	tatus &

MAILING ADDRESS:

TO:

Registration Section

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 ÁMENDMENT TO ARTICLES OF ORGANIZATION OF

Looking 610	iss Hol	dines	, LLC		
Looking 6/0 (Name of the Limited	Liability Compa Florida Limited L	y as it pow ar iability Compa	pears on our records.) ny)		
The Articles of Organization for this Limited Lia Florida document number <u>£11 0006</u>	777	were filed on	May 24,20	// and assi	igned
This amendment is submitted to amend the follo					
A. If amending name, enter the new name of Cass Capifal H The new name must be distinguishable and end with "L.L.C."				n "LLC" or the a	bbreviation
Enter new principal offices address, if applica	able:			-	
(Principal office address MUST BE A STREE)	TADDRESS)		17 113 - 11	72 12	
Enter new mailing address, if applicable:		are has the area of the same		JUL 13 F	*
(Mailing address MAY BE A POST OFFICE BOX)		-	.,•	7 5	Ĭ.
B. If amending the registered agent and/o	or registered of		on our records, <u>ent</u>	er the name o	f the new
registered agent and/or the new registered of New Registered Agent:	fice address her	ancy	J Cas	: S	
New Registered Office Address:	801 5	<u>U1) U</u>	2 Hvl U Enter Florida street	mt 80	
	West	Palm	Beak, Florida		10/

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 fildress, 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

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 **Type of Action** Title **Address** Name ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ___Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00