L11606 176766

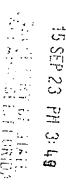
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500277344385

09/23/15--01019--012 **25.00



COVER LETTER

CASA MIA	AMI PROPERTIES LLC				
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	RAFAEL DE ARAUJO, E	\$Q			
		Name of Person			
	DE ARAUJO LAW FIRM	PLLC			
	Firm/Company				
1221 BRICKELL AVENUE SUITE 900					
		Address			
	MIAMI FL 33131				
		City/State and Zip Code			
	RAFAEL@DEARAUJOLA		e of Person Company OOO Address e and Zip Code or future annual report notification) 305 542-6899 Area Code Daytime Telephone Number OO Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)		
			cation)		
For further information of	concerning this matter, please ca	all:			
RAFAEL DE ARAUJO		305 542-6899 at ()			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASA MIAMI PROPERTIES LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
e Articles of Organization for this Limited Liability Co	ompany were filed on 11/17/2011	and assigned
orida document number L11000130766	_ ·	
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limit	ted liability company here:	
e new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDR	ESS)	
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
Hanning under this MAT BID AT OUT OF THOM BOXY		
. If amending the registered agent and/or regist	tered office address on our records, en	ter the name of the
gistered agent and/or the new registered office addr		- U1
		SF
Name of New Registered Agent:		
Tumo of New Rogistorea Figure.		
New Registered Office Address:		<u> to</u>
•	Enter Florida street address	<u> </u>
	, Florida	φ. Ε. Ε.
	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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	EDWARD V WALLER	11900 BISCAYNE BLVD 508	
		MIAMI FL 33181	■ Remove
			Change
MGR	GABRIELA DEMELO	11900 BISCAYNE BLVD 508	Add
		MIAMI FL 33181	□ Remove
			Change
		·	
			☐ Remove
			□ Change
			Add
			Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Clunge

•							
•							
							_
	<u>.</u>						 .
	•		-				
							_
		····					
						•	
	 		· ·				
					<u>ب</u> ئر.	x	
					: • •	3S	
					<u> </u>	<u> </u>	.
					21	(.)	_; ^
						2	
			<u>.</u>		<u> </u>	- सं	<u> </u>
						am	
ective date, if other than the date effective date is listed, the date must be sp	of filing:	e prior to date of	filing or more than 6	(option	ial) Ima) Pur	guant to i	605 O
e: If the date inserted in this block do	es not meet the	applicable stat	utory filing require	ments, this	late will	not be l	isted
ument's effective date on the Departn	nent of State's re	cords.					
record specifies a delayed effe		ut not an ef	fective time, at	t 12:01 a.	m. on t	he ea	rlier
he 90th day after the record is	s meu.						
, SEPTEMBER 22	2015						
ed	,	······································					
I	. //	'ハ -					
	ture of a menuer o						

Page 3 of 3

Filing Fee: \$25.00