L12000011838

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AUG 1 2012

T. HAMPTON

COVER LETTER

Division of Co	•				
SUBJECT:		Ili Group LLC ited Liability Company			
	Name of Emi	ned Elability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
•		Oscar Ellis	<u>. </u>		
		Name of Person			
	Caselli Group LLC				
	- · · · · · · · · · · · · · · · · · · ·	Firm/Company .			
	11110 West Oakland Park Blvd, Suite 88				
		Address			
		Suprise El 33351			
		Sunrise, FL 33351 City/State and Zip Code caselligroup@gmail.com E-mail address: (to be used for future annual report notification)			
	ca				
			ation)		
For further information	concerning this matter, please of	call:			
	Oscar Ellis	at (305) 7	33-7010		
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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS:		STREET/COURIE	R 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 DIVISION OF CORPORATIONS **OF**

FILED 12 JUL 31 AM 11: 40

	Caselli Group LLC		
(Name of the Limited I	iability Company as it now appear Florida Limited Liability Company)	rs on our records.)	- · · · · ·
(A I	florida Elimited Elabinty Company)		
The Articles of Organization for this Limited Lia	bility Company were filed on	01/25/2012	and assigned
Florida document numberL120000118	338		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
		<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	Ç	our records, enter t	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	Citv		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, 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> **Address** Type of Action <u>Name</u> MGRM **Justin Casey** 11110 W. Oakland Park Blvd, Ste. 88 Remove Sunrise, FL 33351 Oscar Ellis MGR 11110 W. Oakland Park Blvd, Ste. 88 ✓ Add Sunrise FL 33351 Remove ☐ Remove ∏Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Oscar Ellis

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee