L12000625345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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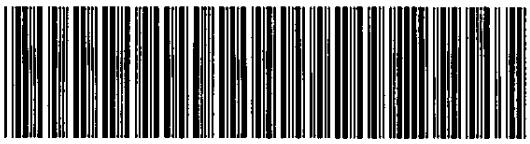

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TALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 6 2014

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CASA GREENWICH MEWS, 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:

ELLEN B. MATLINS
Name of Person

Firm/Company

6051 N. OCEAN DR APT 806
Address

HOLLYWOOD FL 33019
City/State and Zip Code

ellenmatlins@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELLEN MATLINS at (954) 367-6620
Name of Person Area Code Daytime Telephone Number

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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

TO
ARTICLES OF ORGANIZATION
OF

CASA GREENWICH MEWS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/07/2012 and assigned Florida document number L12000062545

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

B.

Name of New Registered Agent: ELLEN A MATLINS

New Registered Office Address: 6051 N. OCEAN DR/APT 806
Enter Florida street address

HOLLYWOOD, **Florida** 33019
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.

Ellen B Matlins

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Neil M. Matlins, Trustee Neil M. Matlins Rev. Trust dated 8-16-2005	6051 N. OCEAN DR APT 806 HOLLYWOOD, FL 33019	☒ Add ☐ Remove
MGR	Ellen B. Matlins, Trustee Ellen B. Matlins Rev. Trust dated 8-16 2005	6051 N. OCEAN DR APT 806 HOLLYWOOD, FL 33019	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/31, 2014.

Ellen B Matlins TTEE

Signature of a member or authorized representative of a member

ELLEN B MATLINS TTEE

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: $25.00