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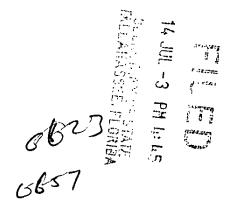
(Re	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 23 Ca	asper LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Colleen Sila	no	
		Name of Person	
	23 Casper L	LC	
		Firm/Company	
	PO Box 351	623	
		Address	
	Palm Coast,	FL 32135	
	4cashkids@gmail.	City/State and Zip Code	
		to be used for future annual report notific	eation)
For further information c	oncerning this matter, please ca	all:	
Colleen Sila	ano	_{at} 386 , 793-85	596
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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



June 20, 2014

COLLEEN SILANO PO BOX 351623 PALM COAST, FL 32135

SUBJECT: 23 CASPER, LLC Ref. Number: L13000034090

We have received your document for 23 CASPER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please mark which type of action on page 2. (add or remove)

The effective date must be specific and cannot be prior to the date of filing.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 314A00013486

Tim Burch Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23 Casper LLC	Company as it now one ease on our records	
(A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L13000034090	mpany were filed on 3/06/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7 7
(Principal office address MUST BE A STREET ADDRE	<u> </u>	20-
		COSC 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
New Registered Agent's Signature, if changing Registered	City	Zip Code

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title **Name Address Type of Action** Patricia Bligh 46 Burning Bush DR **MGRM** ☐ Add Palm Coast, FL 32137 Remove □ Add □ Remove Remove --_□ Add ☐ Remove □ Add □ Remove ☐ Add ☐ Remove

Effective data if other than the data of filings	ianal)
Effective date, if other than the date of filing: (opti	i onal) after
\	
the date this document is filed by the Florida Department of State)	
Dated 17/10/5 7 9 2016	
Dated - 711/5 79 2014	
Dated JUNE 29, 2014. Calleen Silano	
Dated + 711/5 79 2014	

Page 3 of 3

Filing Fee: \$25.00