

(Re	equestor's Name)
(Ac	idress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
(Βι	usiness Entity Name)
(Dc	ocument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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BUNGION OF CORPORATION

N COOPER JUN 2 5 2018

	C	COVER LETTER	
TO: Registration So Division of Co			
CASECO	GROUP PROPERTY, LLC	*	•
SUBJECT:	Name of Lifin	ed Liability Company	· · · · · · · · · · · · · · · · · · ·
•			
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	indence concerning this matter to	o the following:	
	DAVID W. CRIFFIN		
		Name of Person	
	DAVID W. GRIFFIN, PA		
		Firm/Company	
	565 South Duncan Avenue		
		Address	
	Clearwater, FL 32756		
		City/State and Zip Code	
	sailequipment/abigpond.com) be used for future annual report notif	· · · · · ·
live thethor in the south of a	oncerning this matter, please cal		(cation)
	oncerning this matter, prease car		
David W. Griffin		727 466-6900	
Name e	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ae following amount:		
\$25.00 Filing Fee	\$30.00 Filin J Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Sectio Division of Corpor Clifton Building	n

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASECO GROUP PROPERTY, 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 <u>May 17, 2013</u> and assigned Florida document number <u>L13000072483</u>.

This amendment is submitted to amend the following:

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

he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation			TLLC.	
Enter new principal offices address, if applicable:		18	IAI0 S	
(Principal office address MUST BE A STREET ADD RESS)		JUN	ТЭ <u>С</u>	
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		P¥	- 영향 영향	
Enter new mailing address, if applicable:		<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)				
		ω	<u> </u>	

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

Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida s	treet address
	Ciny	, Florida 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 charge in the registered office address, Thereby confirm that the limited liability company has been notified in writing of this change.

if Changing Pegistered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	ALISON CASEY	PO Box 7423, C'ear vater, FL 3375	B Add
			🗇 Remove
			Change
MGR	BRENDAN CASEY	PO Box 7423, Clearwater, FL 3375	🖬 Add
			Remove
			🗖 Change
			🖸 Add
			Remove
			Change
			🖸 Add
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	<u></u>		🖸 Add
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	May 11 11 2018
	Clasey,
	Signature of a member authorized representative of a member
	CAROLE CASEY
	Typed or printed name of signee

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Filing Fee: \$25.00

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