## 4728

(Re	questor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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J. SHAVEIS MAR 3 0 700

## **COVER LETTER**

TO: Registration So Division of Cor		The second secon	
CAERUS	S HOLDINGS LLC		
SUBJECT:	Name of Lim	ited 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:	
	SUSAN M BARNES	3	
	······································	Name of Person	
		Firm/Company	
	111 E MONUMENT	AVE UNIT 510	
		Address	<u> </u>
	KISSIMMEE, FLOR	IDA 34741	
	SUSAN@ROCKROS	City/State and Zip Code SEREALTY.COM	
	E-mail address: (	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please co	all:	
SUSAN M BARNE	S	407 908-4663	
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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## CAERUS HOLDINGS 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 07/02/2013 and assigned Florida document number \_L13000094328 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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.

New Registered Agent's Signature, if changing Registered Agent:

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** Officer SUSAN M BARNES 111 E MONUMENT AVE UNIT 510 □ Add KISSIMMEE, FLORIDA 34741 ■ Remove □ Add \_□ Remove \_□ Add \_□ Remove \_□ Add □ Remove Remove \_ Add ■ Remove

ii amending any other information, er	iter change(s) here: (Allach da	aitionai sneeis, ij necessary.)
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<del></del>		
Effective date, if other than the date of (The effective date must be specific, cannot be printhe date this document is filed by the Florida Department).	or to date of receipt or filed date and can	(optional) not be more than 90 days after
Dated MARCH 10		
SM	fenn	
•	e of a member or authorized represent	ative of a member
SUSAN M BARNES		
	Typed or printed name of signs	ee .

Page 3 of 3

Filing Fee: \$25.00

