

L13000161522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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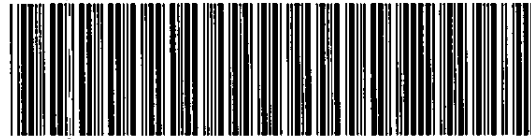
(Business Entity Name)

(Document Number)

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FILED
13 DEC -2 04 10 14
SECRETARY OF STATE
TALLAHASSEE, FL 32399

Amad
12/11/13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CASED INVESTMENTS, 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:

ROBERT P. SALTSMAN

Name of Person

SALTSMAN, CHARLTON & ASSOCIATES., P.A.

Firm/Company

222 SOUTH PENNSYLVANIA AVE., SUITE 200

Address

WINTER PARK, FL 32789

City/State and Zip Code

bob@saltsmanpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy J. Calhoun

Name of Person

407 647-2899

at ()

Area Code & Daytime Telephone Number

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

13 DEC -2 PM 10:14

CASED INVESTMENTS, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on November 18, 2013 and assigned
Florida document number L13000161522.

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Saltsman, Charlton & Associates, P.A.	222 South Pennsylvania Avenue	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Winter Park, FL 32789	
MGR	Dustin Crews	4650 N.E. 35th Street	<input type="checkbox"/> Add
		Ocala, FL 34479	<input checked="" type="checkbox"/> Remove
MGRM	Wendell D. Crews	4650 N.E. 35th Strett	<input type="checkbox"/> Add
		Ocala, FL 34779	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 19, 2013.

Robert P. Saltsman

Signature of a member or authorized representative of a member

Robert P. Saltsman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00