1400006222

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Section
	Division of Cornerations

CSA WISER REAL ESTATE 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:

CRYSTAL P WISER

Name of Person

CSA WISER REAL ESTATE LLC

Firm/Company

1905 PHILLIPS ROAD

Address

LABELLE, FL. 33935

City/State and Zip Code

thewiserteam@hotmail.com

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

For further information concerning this matter, please call:

CRYSTAL P WISER

__239、405-0420

Name of Person

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

CSA WISER REAL ESTATE 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 Con Florida document number L14000066222	npany were filed on 4/23/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation 3'L.L.C."
Enter new principal offices address, if applicable:	/905 PHILLIPS ROAD	
(Principal office address MUST BE A STREET ADDRES	LABELLE, FL. 33935	7 7 7
		to the second se
	<i>)</i>	
Enter new mailing address, if applicable:	1905 PHILLIPS ROAD	24 7
(Mailing address MAY BE A POST OFFICE BOX)	LABELLE, FL. 33935	
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		enter the name of the n
	. Flori	da
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AUSTIN B WISER	1905 PHILLIPS ROAD	= Add
		LABELLE, FL. 33935	□ Remove
			Add
			Remove
		;	Add Remove
			□ Add □ Remove
			□ Remove
			□ Add
			□ Remove

ffective date, if other than the date of filing: e 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) MAY 21 Bignature of a member or authorized representative of a member CRYSTAL P WISER	amending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
ated MAY 21 Signature of a member or authorized representative of a member		•
ated MAY 21 , 2014 Signature of a member or authorized representative of a member		
ted MAY 21 Signature of a member or authorized representative of a member		
ated MAY 21 Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	e date this document is filed by	n the date of filing: (optional) c, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
Signature of a member or authorized representative of a member	ted MAY 21	2014
	Tupl	Pet P. Wiser
CRYSTAL P WISER		
Typed or printed name of signee	CRYSTAL	

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Filing Fee: \$25.00

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