

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000267943 3)))



H140002679433ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LISETTE FIE SALAZAR PA
Account Number : I201200000076
Phone : (305) 361-6161
Fax Number : (305) 361-6168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

psalazarlaw@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CASA DEL MAR 17-C, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

11/18/2014

Fax:

Nov 18 2014 11:41am P002

(((H14000267943 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASA DEL MAR 17-C, 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:

LISETTE PIE SALAZAR, ESQUIRE

Name of Person

LISETTE PIE SALAZAR, P.A.

Firm/Company

200 CRANDON BLVD., STE. #311

Address

KEY BISCAYNE, FLORIDA 33149

City/State and Zip Code

LPSALAZARLAW@AOL.COM

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

For further information concerning this matter, please call:

LISETTE PIE SALAZAR at 305 361-6161

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**

(((H14000267943 3)))

CASA DEL MAR 17-C, 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 05/14/2014 and assigned Florida document number L14000078181

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)

14 NOV 18 PM 14:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

City

, 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 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
MGR	BALION PROPERTIES INTERNATIONAL INC	881 OCEAN DRIVE, SUITE 17-C	<input type="checkbox"/> Add
		KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Remove
MGR	BALION PROPERTIES INTERNATIONAL INC	881 OCEAN DRIVE, SUITE 17-C	<input checked="" type="checkbox"/> Add
		KEY BISCAYNE, FL 33149	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 NOV 18 PM 4:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

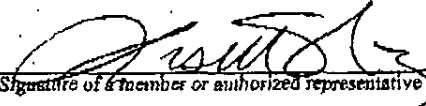
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN NUMBER: 47-2344887

E. Effective date, if other than the date of filing: _____ (optional)

(The 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)

Dated NOVEMBER 18 2014


Signature of a member or authorized representative of a member

LISETTE PIE SALAZAR

Typed or printed name of signee

(((H1400026794)))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV 18 PM 4:25

FILED