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Division of Corporations

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: GUZMAN & GUZMAN, P.A.

Account Number : 120080000090

Phone

: (305)670-1991

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIG

## CASSA AT GEORGETOWN 3499 LLC

Certificate of Status	0
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## S. YOUNG

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Fax: (850) 617-6383

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASSA AT GEORGETOWN 3499 LLC				
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now apprinted Liability Compar	nears on our records.)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L14000118936</u>	npany were filed on	07/29/2014	and assigned	i
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company	here:		
DELAP 3499 LLC				
The new name must be distinguishable and contain the words "Limited	Liability Company," th	te designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				25
(Principal office address MUST BE A STREET ADDRES	55)		7	200
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Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			بې	95
	<del>_</del>		<u>ت</u>	5
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:		on our records, ente	r the name of the	<u>в леж</u>
New Registered Office Address:	Enter F	lorida street address		_
	·	, Florida _		
	City	, 1 101 100 _	Zip Code	
New Registered Agent's Signature, if changing Registered Ag	zent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of t as provided for in	of my duties, and I am i Chapter 605, F.S. Oi	r familiar with and r, if this document i	
īī	Changing Registered	Agent, <u>Signature of New F</u>	Registered Agent	

MGR = Manager

AMBR = Authorized Member

☐ Change

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

<u>Title</u>	Name	Address	Type of Action
<u> </u>		•	D Add
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			_□ Remove

n: Paola Sanchez	Fax: (305) 670-1991	To:	Fax: (850) 817-6383	Page 4 of 5 05/09/2017 10:03 AN	1
D. If am	ending any other inform	nation, enter change	(s) here: (Attach additional	l sheets, if necessary.)	
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TC TO 650 A2	ive date, if other than th	a data af filingi		(optional)	
(ii an cue Note:	ective date is listed. The date mi	ist be specific and camor flock does not meet the	applicable statutory filing req	ian 90 days after filing.) Pursuant to 60 uirements, this date will not be lis	5.0207 ( sted as t
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Dated	MAY 1,	2017			
Dated ,	- 6	<del></del>	<del></del> •		
	X	Signature of a member	or authorized representative of a r	nember	
	DI ANCO DODAGO		-		
	BLANCO, HORACIO		or printed name of signce		

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/\ <i>15111</i>		nowber or without	d representative of	a member	_ <del></del>	

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