## 140019112

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## **COVER LETTER**

SUBJECT: CAS	STE LOTO	GROUP L	.kc	
	Name of Limite	d Liability Company		
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.		
Please return all corresponde	nce concerning this matter to	the following:		
	MARIA	A BIA	SUTTO	
		Firm/Company		
	763 H	E 80 5	<u>P</u>	
	MIAHI mariabi E-mail address: (to	FL 33	3138	
<u>1</u>	mariabi E-mail address: (to	be used for future annual rep	ort notification)	mos.
	erning this matter, please cal			
MARIA 3	BI A5U170	at ( 305)	647-90	14
Enclosed is a check for the f	_			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	te of Status &

MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

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**

		GROU		<b>→</b> 至空
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appears ability Company)	on our records.)	L ALL
The Articles of Organization for this Limited Liab	bility Company v	vere filed on	7 29 2	2014 and assigned
Florida document number	1191	12	, 1	A CO
This amendment is submitted to amend the follow	ving:			8: <del>L</del> (
A. If amending name, enter the new name of t	he limited liabil	ity company her	<u>e</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," the des	ignation "LLC," or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
	•	. <del></del>		<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	oxo :		•	
•,	<u> </u>			<del></del>
B. If amending the registered agent and/or	registered offi	ce address on	our records, <u>ente</u>	r the name of the new
registered agent and/or the new registered offic	<u>ce address here</u> :			
Name of New Registered Agent:	MARI	A A.	BIASU	TTO
New Registered Office Address:	763		o ST a street address	
		Emer I forta		20126
	<u> </u>	City	, Florida _	<u> </u>
New Registered Agent's Signature, if changing Reg	gistered Agent:	- '-		Lip Code

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

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIA A. BIASUT	TO 763 HE 80 ST	<b>X</b> Add
		HIAMI FL 3313	<b>8</b> □ Remove
			☐ Change
<u>AMBR</u>	CASTILLO CRISTIA	N GASTON	Add
		763 HE 80 59	Remove
		HIAMI FL 33138	Change
		·	O Add
• •			□ Remove
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	y other information, enter change(s) here: (Attach additional sheets,	
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		WOV CAR
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·		<del></del>
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If an effective date is I Note: If the date in	other than the date of filing:  11 8 2017  listed, the date must be specific and cannot be prior to date of filing or more than 90 day anserted in this block does not meet the applicable statutory filing requirement ve date on the Department of State's records.	(optional) ys after filing.) Pursuant to 605.0207 hts, this date will not be listed as
ne record specif The 90th day	fies a delayed effective date, but not an effective time, at 12 after the record is filed.	:01 a.m. on the earlier of:
Dated Hov	EMBER 11, 2017.	
	Signature of a member or authorized representative of a member	<u> </u>
	CRISTIAN CASTILL Typed or printed name of signee	0

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Filing Fee: \$25.00