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(Re	questor's Name)	
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D. SCOTT DEC 8 2016

COVER LETTER

TO: Registration Section Division of Corporation	
SUBJECT: Caske	Name of Limited Liability Company
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
,	Lebert Thomas Name of Person Castel Etcetera LLC Firm/Company
	Castel Etcetera LLC
	MIANI, FLOrida 33169 City/State and Zip Code
	Address
	MIANI, FLOrida 33169
_	City/State and Zip Code Casketetcetera@gmail.com E-mail address: (to be used for future annual report notification)
For further information conc	erning this matter, please call:
Lebert -	Thomas at (786) 328-8476 章 5 rson Area Code Daytime Telephone Number 章 景 司
Name of Pe	THE STATE OF THE S
Enclosed is a check for the fo	
S25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certificate of Status Certified Copy (additional copy is enclosed) 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

Casket Etce	tera L	LC			
(Name of the Limited (A	Liability Compar Florida Limited L	y as it new appears ability Company)	on our records.)	——————————————————————————————————————	*** . !
The Articles of Organization for this Limited Liab Florida document number <u>L14000178</u>	ility Company (were filed on	1/17/2014	SECRETARY ALLAHASS	signed !
This amendment is submitted to amend the follow	ing:			FIG. 7	Ö
A. If amending name, enter the new name of the	ne limited liabi	ity company her	<u>e</u> :	TORIDA STATE 75 & 1	- - 3
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the de	signation "LLC" or the	abbreviation "L	L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		17600 MIANI	, FLORID	AVE	APT1206
(Finesper Office waters meet Dis / Edited 17	IDDKESS)	33/69			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	17600 N MIAMI 33169	JW sth , FLOR:	Ave 1 1DA	+PT 1200
B. If amending the registered agent and/or registered agent and/or the new registered offic			our records, <u>ente</u>	r the name	of the new
Name of New Registered Agent:		of Tho			
New Registered Office Address:	17600 1		Ave Ap	t 120b	
	Miami		, Florida	3316	9
		Cîty	, = ===================================	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 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>	<u>Address</u>	Type of Action
Mar	Lebert Thomas	17600 NW Sty Ave	D Add
		MIANI, FL	□ Remove
		3316q	☐ Change
			
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effective date is lis	ther than the date of f sted, the date must be specific	c and cannot be prior	to date of filing or more	than 90 days after filin	g.) Pursuant to 605.0
	serted in this block does r e date on the Department		ible statutory filing r	equirements, this dat	e will not be listed
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record specifi	es a delayed effectiv	e date, but not	t an effective tim	e, at 12:01 a.m	, on the earlier
	after the record is fil		- in an even war varieties	., == 24.04 4.11	
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	Signature	of a member or autho	rized representative of	a member	

Page 3 of 3

Filing Fee: \$25.00