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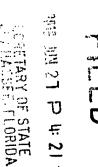
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**S Warren** JUN 2 8 2016

## **COVER LETTER**

CUDIECT.	CASABLANCA COM	MERCIAL REAL ESTATE LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.		
Please return all corn	respondence concerning this matter	to the following:		
	ALEJA	NDRO CASABLANCA		
		Name of Person		
CASABLANCA COMMERCIAL REAL ESTATE LLC				
Firm/Company				
132 S. BUMBY AVE. SUITE A				
Address				
	C	DRLANDO FL 32803		
City/State and Zip Code				
	E-mail address: (	to be used for future annual report not	ification)	
For further informat	ion concerning this matter, please c	all:		
	DRO CASABLANCA	at () Area Code Daytin		
Ne	ame of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check	for the following amount:			
\$25.00 Filing Fe	ee \$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** 

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

CASABLANCA COMMERCI	IAI DEAI ESTATEILA	C		
				A STATE OF THE PARTY OF THE PAR
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears lited Liability Company)	s on our records.)		-
The Articles of Organization for this Limited Liability Comp Florida document number	oany were filed on	12-16-2014	7 Par 4: 21	ssigned
This amendment is submitted to amend the following:		**	4.	
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the de	signation "LLC" or t	the abbreviation "I	L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, er	nter the name	of the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Flori	da street address 🖊		
	26	, Florida	a Zip Code	<del></del>
	<i>→</i> •		-7	

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> AMBR	<u>Name</u> SONIA P. CASABLANCA	Address 1969 S. Alafaya Tr. #175	Type of Action  □ Add
		Orlando, FL 32828	Adu
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(If an effective dat Note: If the dat	e, if other than the date of the is listed, the date must be spe- ate inserted in this block does	cific and cannot be prior to de es not meet the applicable	te of filing or more than 90 day	( <b>optional</b> ) es after filing.) Pursua ts, this date will no	ant to 605.0207 ( of be listed as t
document's eff	fective date on the Departme	ent of State's records.			
	pecifies a delayed effect day after the record is		effective time, at 12	:01 a.m. on the	e earlier of:
	JUNE 24, 2016			, r <u>.</u>	
Dated			)		T
			7		-
	Signate	ire of a member or authorize	d representative of a member		m
		ALEJANDRO CASAF	BLANCA	THS TO	Ö
	<del> </del>	Typed or printed na	me of signee	- RE - 2	

Page 3 of 3

Filing Fee: \$25.00