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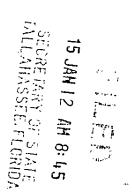
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COVER LETTER

	tration Sect on of Corpo				
SUBJECT:	STEVE CA	SSERLY REAL ESTATE	LLC		
SOBJECT: _	1 - 00 -	Name of Limited Li	ability Company		
		nendment and fee(s) are submitted ence concerning this matter to the			
r lease return a	ii correspone	· .	ionowing.		
		HANNAH BOYD			
			Name of Person		
		BUSINESS CONTROL S	SERVICE, INC		
			Firm/Company		•
3925 S NOVA ROAD					
			Address		-
		PORT ORANGE, FL, 32	127		
		City BCS@BUSINESSCONTF	/State and Zip Code ROLSERVICE.N	IET	•
For further info	rmation con	E-mail address: (to be used the companies of the companie	sed for future annual re	eport notification)	
HANNAH E		gione	386 760)-5454	
	Name of P	erson	at ()	Daytime Telephone Number	
Enclosed is a cl	heck for the	following amount:			
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & □ Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifica (Sed) Certified	te of Status &

Joseph L.

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 ARTICLES OF ORGANIZATION **OF**

STEVE CASSERLY REAL ESTATE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Lir	mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L15000001393</u>	pany were filed on 1/5/15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
STEVE CASSERLY LLC		
The new name must be distinguishable and end with the words "Limite	d 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 ADDRES	(2.5)	
E-4		He a m
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
i γ.√Î.	<i>.</i>	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address: Name of New Registered Agent:		ds, enter the name of the new
Name Description of OCC Address		
New Registered Office Address:	Enter Florida street add	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, it as provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3

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:

<u>Title</u>	Name		Address	Type of Action
				Add
				□ Remove
		,		☐ Remove
		2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	as 1	
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II amen	iding any other information, enter cha	nge(s) here: (Attach additional	sheets, if necessary.)
			
		· · · · · · · · · · · · · · · · · · ·	
Effective (The effective the date to	re date, if other than the date of filing: tive date must be specific, cannot be prior to date this document is filed by the Florida Department of	of receipt or filed date and cannot be mo	(optional) re than 90 days after
Dated _		· ·	
	Stere	assler	
	Signature of a me	mber or authorized representative of a	member
	STEVE CASSERLY		
	T	yped or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

15 JAN 12 AN 8: 45
SECRETARY OF STATE
TALLAHASSEE FLORIDA