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COVER LETTER

TO: Registration S Division of Co			
	ve Holdings, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	•	
ricase return an corresp	Alicia Dominguez	to the following.	
		Name of Person	
	Cassa Grove Holdings, LL	С	
		Firm/Company	
	2937 SW 27th ave Suite 20	02	
		Address	
	Miami, FL 33133		
	ado@bdevelopments.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	lication)
For further information of	concerning this matter, please c	all:	
Alicia Dominguez		305 6316660 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ S25.00 Filing Fee	☐ \$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 Addre	85:	Street Address:	

TO:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Csssa Grove Holdings, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number $\frac{1.15000102344}{2.000102344}$.	were filed on	115 and assigned
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	2937 SW 27th Ave Suite 202	<u> 29</u>
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33133	VIS.
		APR
		<u>ω</u> (**)
nter new mailing address, if applicable:	2937 SW 27th Ave Suite 202	A 28
Mailing address MAY BE A POST OFFICE BOX)	Miami Fl 33133	<u>برا</u> و
		70
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the</u>	name of the new register
New Registered Office Address:	Enter Florida street address	
	. Floric	la.
	City	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 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	ASFB Management Corp	One Alhambra Plaza Suite 605	
		Coral Gables, FL 33134	_
			□Change
MGR	MGR CGH ASFB Management Corp	2937 SW 27th Ave suite 202	■Add
		Miami FL 33133	□Remove
			□ Change
			□Add
			□Remove
			Change
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