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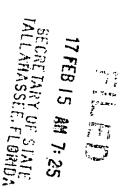
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	CASAL PROP	EETIFS, LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GERAN	Name of Person	
	CASAL	PLOPEENES L	LC.
	<u>10773</u> No	N 58th STREET Address	STE 279
	DOLAL	元 33178	
	g , Ca so als	City/State and Zip Code ogado @ g mail. co to be used for future annual report notifi	fication)
For further information	concerning this matter, please ca	di:	
CELANI Name	Of Person	at (786) 4430 Area Code Daytime	592 Y e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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 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**

CASAL 7R	OPERNES L	ic
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compar	ny were filed on AUGUST	26, 2015 and assigned
Florida document number <u>L15000146529</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A ·	·
(Principal office address MUST BE A STREET ADDRESS)		
		≥ _Ø
Enter new mailing address, if applicable:	N/A ·	7 FEB
(Mailing address MAY BE A POST OFFICE BOX)	, , , , , , , , , , , , , , , , , , , ,	5 SE
		F 2 19
		98 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		rds, enter the name of the new
	<u> </u>	
Name of New Registered Agent: ~/A	٢	
New Registered Office Address:	7	
	Enter Florida street add	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	

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 = Man AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MERTY	WIS M. SAUNAS	333 SE 2nd AJE # 200	≈ □ Add
0.00		miami 12 33131.	
		·	Change
MLECTOR	ADRIANA ANZOLA	10773 NW 58th STREET STE 279, DORAL FL 3317	 X (Add 85,
			□ Remove
		······································	☐ Change
MGR	WIS M. SAUNAS	1111 SW 1 AVE #1214	b (Add
	đ	MIAMI, FL 33130	☐ Remove
			Change
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Filing Fee: \$25.00