## 116000116997

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J. HARRIS

## **COVER LETTER**

	Registration Sec Division of Corp			
CHD IECT		CASA CELAYA LLC		
SUBJECT	· ·	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspon	ndence concerning this matter	to the following:	
		RICHARD A SCHURR E	SQ	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		RICHARD A SCHURR P	A	
			Firm/Company	<del></del>
		100 ALMERIA AVENUE	SUITE 330	
			Address	<del></del>
		CORAL GABLES FL 331	34	
			City/State and Zip Code	
		2800EAGLELLC@OUTLO		
			to be used for future annual report notifi	ication)
For further	information co	oncerning this matter, please ca	all;	
RICHARI	O A SCHURR	ESQ	305 443-5235	
	Name of	Person	at ()	Telephone Number
Enclosed i	s a check for th	e 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

<b>MARTA</b>	М	CASAS	<b>CELA</b>	YΑ	LLC
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(** Frontial Difference	ou many	
The Articles of Organization for this Limited Liability Compa	any were filed on JUNE 16, 2016	and assigned
Florida document number L16000116993		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
2800 EAGLE LANE LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7.5
(Principal office address MUST BE A STREET ADDRESS	9	- C .
(Frincipui Office duaress MOST BE A STREET ADDRESS		
		100 mm
	101 SIDONIA AVE SUITE 202	
Enter new mailing address, if applicable:		The state of the s
(Mailing address MAY BE A POST OFFICE BOX)	CORAL GABLES FL 33134	
		Dm o
registered agent and/or the new registered office address  Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	•
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
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 agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, and I as provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
<u>If</u> (		

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 **Type of Action Address** <u>Name</u> <u>Title</u> □ Add ☐ Remove \_□ Change □ Add \_□ Remove \_□ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change <del>≥ cs</del> □ Add \_ \_□ Remove □.Change: Add □ Remove

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Filing Fee: \$25.00