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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number))
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			
	ORLD LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anthony L. Spicer		
		Name of Person	
	CASE WORLD LLC		
		Firm/Company	
	4613 SW 185 AVE		
		Address	
	MIRAMAR, FL 33029		
		City/State and Zip Code	
	anthonyspicer993@yahoo.c	com to be used for future annual report notifi	antion)
		·	cation)
For further information of	concerning this matter, please ca	all:	
Anthony Spicer		786 237-9001 at ()	
Name o	of Person	Area Code Daytime	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

CASE WORLD LLC			·		
(Name of the Lim	ited Liability Compar (A Florida Limited L	ny as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited I		were filed on 7/25/2016		and ass	signed
This amendment is submitted to amend the fol					
A. If amending name, enter the new name	of the limited liabi	ility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	"LLC" or the abbrev	iation "L.	.L.C,"
Enter new principal offices address, if appli	icable:	N/A			
Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE BOX)			174. 174.	15 A	
B. If amending the registered agent and registered agent and/or the new registered of th	d/or registered of office address here	Tice address on our rec	cords, enter the		to pe
			ري سا پر		, ~ ~ ~ ~
Name of New Registered Agent:	Spicer, Anthony	y L	981 <u>0</u>	ப	**. *
New Registered Office Address:	N/A				
		Enter Florida street a	address		
			_, Florida		
		City	2	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 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>	<u>Name</u>	Address	Type of Action
MBR	SPICER, ANTHONY L.	4613 SW 185 AVE	■ Add
		MIRAMAR, FL 33029	
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			□ Change
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ctive date, if other than the date of filing: $\frac{8/3/16}{}$	(optional)	
effective date is listed, the date must be specific and cannot be pri	or to date of filing or more than 90 days after filing.) Pursu	ant to 605
e: If the date inserted in this block does not meet the appliament's effective date on the Department of State's record	icable statutory filing requirements, this date will note.	ot be list
ecord specifies a delayed effective date, but r	not an effective time, at 12:01 a.m. on th	ne earli
ne 90th day after the record is filed.	iot an endeave ame, at 12.02 a.m. on a.	ic cairi
August 3rd 2016		
~	·	
layling h		
	thorized representative of a member	

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Page 3 of 3

Filing Fee: \$25.00