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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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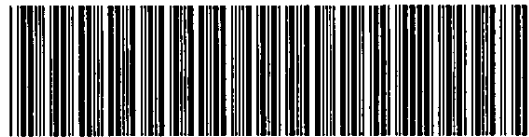
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAR 23 2017

J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CASSA BRICKELL 505 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD M. MOGERMAN, ESQ.

Name of Person

RICHARD M. MOGERMAN, P.A.

Firm/Company

8211 WEST BROWARD BOULEVARD, SUITE 200

Address

PLANTATION, FLORIDA 33324

City/State and Zip Code

MARKMOG@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD M. MOGERMAN, ESQ.

954 475-7171

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

CASSA BRICKELL 505 LLC

CB 505 LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
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Dated MARCH 20 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

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