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COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	ISAD Investmen	t ll C nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Carlos	X. RUVIQUEZ-	
	_ Halpern P	Wiguez, LLP Firm/Company	
	_355 Alnum	Mra Circle, Suite	
	_Coral Gald	Pr. FL 33134 City/State and Zip Code	
	adomingue	7 @ his Coune bank.	Com fication)
For further information	concerning this matter, please or	ail:	
Carlos X	Rayigue 7	at (305) 447- Area Code Daytime	2883 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

CASAD Investments LLC	Suppose on our records
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	pany)
The Articles of Organization for this Limited Liability Company were filed	on $\mathcal{A}/10/2017$ and assigned
Florida document number <u>L1700080615</u> .	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
CASA D Investments LLC	
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	P
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	; 2
	
B. If amending the registered agent and/or registered office addressed agent and/or the new registered office address here:	ss on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
	, Florida
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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			☐ Change
			□ Remove
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