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(Requestor's Name)
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(Duninger Entity Name)
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COVER LETTER

FO: Registration Sec Division of Corp			
SUBJECT: CASAS FL	ORIDA CENTRAL, LLC		
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ndence concerning this matter	to the following:	
	December Description	A	
	Processing Departm	Name of Person	
		. vano o, r ordon	
		Firm/Company	
	5605 Riggins Court		 -
		Address	
	Reno, NV 89502		
		City/State and Zip Code	
	docs@incauthority.co	om	
	E-mail address: (to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
Christine Cimadon		at (800) 638-2320	
Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
2 \$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:

TO:

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

CASAS FLORIDA CE		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer	re filed on <u>05/22/2017</u>	and assigned
Florida document number <u>L17000113160</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
LILLY J DIAZ PHI LLC The new name must be distinguishable and contain the words "Limited Liability Contains the words "Limited Liability Contains the words".	Company," the designation "LLC" or the abi	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter</u>	the name of the new
New Registered Office Address:	Enter Florida street address	**************************************
	, Florida	Tin Code
New Registered Agent's Signature, if changing Registered Agent:	C.1.y	7: 0: 20 Nil
I hereby accept the appointment as registered agent and agree	to act in this capacity. I further ag	ree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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
			Add
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			☐ Change
			Add
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of f Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.		Pursuant to 60	ಎ್ನ 05.0207 (3)
the record specifies a delayed effective date, but not an effe) The 90th day after the record is filed.	ective time, at 12:01 a.m. o	n the ear	lier of:
Dated June 21st , 2017 .	1		
2000			
Signature of a member or authorized repre	esentative of a member	<u> </u>	
•	\ 1		

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Typed or printed name of signee

Filing Fee: \$25.00