L18000108252

(Requestor's Name)	
(Address)	
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,	
(City/State/Zip/Phone #)	
(Only Olate / Libit Hone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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Certified Copies Certificates of Status	
Certificates of Status	_
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Section
Division of Corporations

WRIGHT SUBJECT:	CASSOCIATES CRE LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Alex Wright		
		Name of Person	
	PO BOX 1947	Firm/Company	
	Fort Myers Fl. 33902	Address	
	wrightcommercial@gmail.ed	City/State and Zip Code om	**
	E-mail address: (1	o be used for future annual report notifi	eation)
For further information	concerning this matter, please ca	dl:	
Alex Wright		239 292-1109 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 (s 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

WRIGHT ASSOCIATES CRE LLC	_				
(<u>Name of the Limited I</u> (A	Liability Compa Florida Limited	iny as it now appears on our re Liability Company)	cords.)		
The Articles of Organization for this Limited Liabillorida document number https://example.com/limited-Liabillorida-document-number-1.000108252	ility Company 	were filed on 04/30/2018		_ and assig	med
his amendment is submitted to amend the followi	ing:				
A. If amending name, enter the new name of th	e limited liab	ility company here:			
		 			
he new name must be distinguishable and contain the word		hty Company. The designation " 6854 Highland Pine Circle		ciation "L.L.	C."
nter new principal offices address, if applicable		Fort Myers FL 33966	= ==	'	
Principal office address MUST BE A STREET A	<u>ADDRESS)</u>	- Control of the Cont	<u>.</u>	·)(11
				<u></u>	•
nter new mailing address, if applicable:		PO BOX 1947	-	=	- "F"]
Mailing address MAY BE A POST OFFICE BOX)		Fort Myers FL 33902) . 		
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. If amending the registered agent and/or egistered agent and/or the new registered office			ords, <u>enter the</u>	e name of	<u>[the </u>
Name of New Registered Agent:	Alex Wright				
New Registered Office Address:	6854 Highland	Pines Circle			
		Enter Florida street aa	ldress		
<u>'</u>	Fort Myers		. Florida <u>33966</u>		
		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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Authorized Person	Alex Wright	6854 Highland Pines Circle Fort Myers Fl 33966	
-Person			
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			Change
			
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ective date, if other than the date of filing:	(optional)
ite: If the date inserted in this block does not meet the ap	prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0, oplicable statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's reco	ords.
record specifies a delayed effective date, but The 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on the earlier
ted <u>10-2-16</u>	

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Typed or printed name of signee

Filing Fee: \$25.00