L19000039920

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL MAIL
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	· · · · · ·	ome Service ted Liability Company	es LLC.
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	Casey Co	Name of Person Sel'al Home Selvia Firm/Company	
	\ Ca	se Cal Home Servi	ees LLC
		Firm/Company	
	3115 Ni	E 27 Stice	2020 2020
	-	Address	AUG AUG
	Foit Lau	City/State and Zip Code	3308 M P P
	Casey P	callahan@ic	loud com 2
For further information co	neerning this matter, please ca	II:	DE 25
_	Person	Address Andress Andress Andress City/State and Zip Code Callahan @ Code o be used for future annual report notified at (974) 812 Area Code Daytime	- 300 9 Telephone Number
Enclosed is a check for the	e 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 S		Street Address: Registration Sec	etion

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Case Cal Home	Services LLC
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L1900039920</u> .	were filed on $02/08/2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
Case Cal Construct	ion LLC
The new name must be distinguishable and contain the words "Limited Liah	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2020 TALL
(Principal office address MUST BE A STREET ADDRESS)	
	27 C
	PI 2
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter (Abrida Sirve) daaress
	, Florida City Zip Code
	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
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			□Remove
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			□Add
			Remove
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Filing Fee: \$25.00