L200000 22875

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COVER LETTER

TO:		ition Sect of Corp			
SUBJE		COUNTR	Y CLUB CASA, LLC	•	3
SUBJE	C1		Name of Lim	ited Liability Company	
			mendment and fee(s) are sub		
Please r	eturn all o	соптевроп	dence concerning this matter	to the following:	
			RONALD FIRMAN		
				Name of Person	
				Firm/Company	
			1717 N. BAYSHORE DR	APT 3531	
				Address	
			MIAMI. FL 33132-1169		
			icinternational@aol.com	City/State and Zip Code	
			E-mail address: (to be used for future annual report n	otification)
For furt	her infort	nation co	ncerning this matter, please c	all:	
RONA	LD FIRM	AN		al 702, 300	1-1233
M···		Name of	Person	Area Code Dayt	ime Telephone Number
Enclose	d is a che	ck for the	following amount:		
□ \$ 25	i.00 Filinį	g 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now an	nears on our record	ts.)		
(A Florida Lin	nited Liability Compar	ıy)			
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000022875</u>	pany were filed on	1/15/2020	a	nd assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company	y here:			
OCEAN VIEW 3531, LLC					
The new name must be distinguishable and contain the words "Limited	Liability Company,"	he designation "LLC	C" or the abbreviat	tion "L.L.	C."
Enter new principal offices address, if applicable:				- 63	
(Principal office address MUST BE A STREET ADDRES	<u></u>	·	1770 1700	E	
				A	
			のご いた ですべ	9	·—. <u></u>
Enter new mailing address, if applicable:			1101	<u> </u>	1.
•			(F) (A) (B) (C) (B) (C) (B) (C) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	7.7	
(Mailing address MAY BE A POST OFFICE BOX)			71.	23	
	<u></u>	<u> </u>			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on o	ur records, <u>ente</u>	r the name of t	he new	registere
Name of New Registered Agent:					
New Registered Office Address:					
	Enter	r Florida street addr	ess		
		, F	lorida		
	City	_	Zį	p Code	
New Registered Agent's Signature, if changing Registered A	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
			□ Add
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e: If the date inserted in thi	the date of filing: must be specific and cannot be prior to day so block does not meet the applicable e Department of State's records.	te of filing or more than 90 days after	ional) r filing.) Pursuant to 605 is date will not be liste
ord specifies a delayed effe filed.	ective date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after
ad APRIL 3	, 2020		
	RXi		
	Signature of a member or authorize	d representative of a member	

Filing Fee: \$25.00