

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

Office Use Only



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C. GOLDEN 0CT - 5 2020

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

entity name <u>CAS</u>	SCADE VISTA LLC	**WALK I
DOCUMENT NUMB	BER	
	**PLEASE FILE	THE ATTACHED AND RETURN**
	Plain Copy	
XXXXXXXX	Certified Copy Certificate of Status	>*
	**PLEASE OBTAIN THE	F FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Ar	
	Certified Copy of Ari Certificate of Status	ts & Amendments Complete File (Inclading Annual Reports)
	•	Reflecting:
	**APOSTILLE'/	/ NOTARIAL CERTIFICATION**
COUNTRY OF DESTA	NATION	
NUMBER OF CERTIF	ICATES REQUESTED	
TOTAL OWED \$ 30	0.00	ACCOUNT # 120140000108 United Corporate Services, Inc.  Thank you so much.

## COVER LETTER

	gistration Se- vision of Cor			
SURTROTS	CASCADE	VISTA LLC		
			ned Liability Company	<del></del>
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter		
r rease return	ir air cerrespo	indence concerning and maner	to the following.	
		CHRISTOPHER MARTI	И	
			Name of Person	
			Firm Company	<del></del>
		2627 SOUTH BAYSHO	RE DRIVE, #1205	
			Address	
		MIAMI, FLORIDA 33133	,	
		CMARTIN@MARTINLLE	City/State and Zip Code	
		_	to be used for future annual report porifici	ation)
For further	information c	oncerning this matter, please c	aD:	
CHRISTO	PHER MAR	TIN	203 973-5210	
	Name o	f Person	at ()	elephone Number
Enclosed is	a check for th	ie following amount:		
□ \$25 00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ 555-00 Filing Fee & Certified Copy (additional copy is enclased)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration Secti	ion
Di	ivision of C	orporations	Division of Corpo	orations
	O. Box 632 Illahassee, I		The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASCADE VISTA, LLC				2 1	• • • • •
Name of the Lini	(A Florida Limited	ins as it now appears liability Company)	on our records,)	- ! !	WH: 25
The Articles of Organization for this Limited I Florida document number L20000024905	iability Company	were filed on 1/17	720 and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and contain the	words "I imited Liabi	lity Company," the de	signation "LLC" or the abbreviation "L.L.C."	-	
Enter new principal offices address, if appli	cable:	2627 SOUTH B	AYSHORE DRIVE, #1205	_	
(Principal office address MUST RE A STRE	Principal office address MUST RE A STREET ADDRESS)		33	<b></b>	
Enter new mailing address, if applicable:		2627 SOUTH B	AYSHORE DRIVE, #1205	-	
(Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	MIAMI, FL 3313	<del>-</del>		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our re	cords, enter the name of the new regist	ered	
Name of New Registered Agent:	CHRISTOPHER MARTIN				
New Registered Office Address:	2627 SOUTH BAYSHORE DRIVE, #1205				
		Enter Flori	_		
	MIAMI	<del></del>	Florida 33133		
		Cits	Lip 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>	Name	Address	Type of Action
	JENNIFER C. MARTIN	1100 BRICKELL BAY DRIVE, APT. 77A	□Add
		M/AMI, FL 33131	
			COChange
MGR	CHRISTOPHER MARTIN	2627 SOUTH BAYSHORE DRIVE, #1205	Add
		MIAMI, FL 33133	
			□ Change
			CAdd
			ERemove
			©Change
<del></del>			Dadd
			□Remove
			Change
			□Remove
			EChange
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			(DRemove
			mei .

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CHRISTOPHER MARTIN		<del></del>	مرسمر مجامع مسمير Signatu	rt of a numb	er er authorize	d representative	of a member		

Filing Fee: \$25.00