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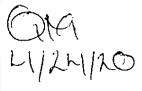
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC		ANDO PROPERTIES, LLC		
SUBJEC		Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		LORI WELLBAUM EME	RY	
			Name of Person	
		WELLBAUM & EMERY.	, PA	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		686 N. Indiana Avenue		
			Address	
		Englewood, FL 34223		
			City/State and Zip Code	
		E-mail address: (WSUNU CLML'UST. to be used for future annual report notifica	net-
For furthe	er information c	oncerning this matter, please ca	all:	
Chris Sto	ewsand		136 HUS-	1500
	Name o	f Person	at (1,36) 448- Area Code Daytime T	elephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 Addres		Street Address:	
	Registration S Division of C		Registration Secti Division of Corpo	
	P.O. Box 632		The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAS ORI ANDO PROPERTIES 11 C

	CAS OREANDO I ROLERTIES	
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited I Florida document number L20000038110	iability Company were filed on <u>Ja</u>	anuary 31, 2020 and ssigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	nere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office address.	•	records, enter the name of the new registered
Name of New Registered Agent:	LORI WELLBAUM EMERY	<u> </u>
New Registered Office Address:	686 N. INDIANA AVE	
	Enter Flo	orida street address
	ENGLEWOOD	Florida ³⁴²²³
	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
MGR	LORRAINE RAE GRAY-STOEWSAND	104 Fairway Road	≣Add
		Rotonda West, FL 33947	□Remove
			Change
	<u></u>		🗆 Add
			□Remove
			□ Change
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an eff <u>lote:</u>	ive date, if other than the date of filing:
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
d is fi	4/2/2020
d is fi	1/2/2020 Signature of a member or authorized representative of a member

Filing Fee: \$25.00