L210000053730

| (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: |
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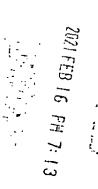
Office Use Only



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*** 0 7 2021 S. YOUNG



COVER LETTER

TO:

| TO: Registration Sec Division of Corp | | | نو بست پ |
|--|--|---|--|
| | AGEMENT, LLC | · | # |
| SUBJECT: | Name of Limi | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspo | ndence concerning this matter (| to the following: | |
| | ADAM SHARPE | | |
| | | Name of Person | |
| | CAS MANAGEMENT. LI | .C | |
| | | Firm/Company | |
| | 5846 S FLAMINGO RD, S | STE 3210 | |
| | | Address | |
| | COOPER CITY, FL. 3333 | 0 | · |
| | | City/State and Zip Code | |
| | INFO@CASMANAGEME | NTLLC.COM to be used for future annual report no | atition(ion) |
| For further information c | oncerning this matter, please ca | | Ameanon |
| ADAM SHARPE | | 754 234-4504 | |
| Name o | f Person | Area Code Dayt | ime Telephone Number |
| Enclosed is a check for t | he 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 Addres Registration | | Street Address: Registration S | Section |
| Division of C | Corporations | Division of C | orporations |
| P.O. Box 632 | | The Centre of 2415 N. Mon | f Tallahassee roe Street, Suite 810 |
| Tallahassee, | FL 32314 | 2413 N. MOII | TOO DIEGOT, DUTTE OTO |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CAS MANAGEMENT. LLC | | | | |
|---|--|--|--------------------------------------|--|
| | | y as it now appears on our ability Company) | 7 | |
| he Articles of Organization for this Limited Li | lability Company w | vere filed on | and assigned | |
| lorida document number L21000053730 | <u> </u> | | ū | |
| nis amendment is submitted to amend the follo | owing: | | | |
| . If amending name, enter the new name o | f the limited liabil | ity company here: | | |
| AS MANAGEMENT LLC | | | | |
| he new name must be distinguishable and contain the w | vords "Limited Liabilit | y Company," the designation | n "LLC" or the abbreviation "L.L.C." | |
| nter new principal offices address, if applic | able: | 5846 S FLAMINGO RE |), STE 3210 | |
| Principal office address MUST BE A STREE | | COOPER CITY, FL. 33 | 330 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 5846 S FLAMINGO RD, STE 3210 COOPER CITY, FL. 33330 | | |
| If amending the registered agent and/or in gent and/or the new registered office address | registered office ac ss <u>here</u> : | ddress on our records. | enter the name of the new registe | |
| Name of New Registered Agent: | ADAM SHARP | E | | |
| New Registered Office Address: | 5846 S FLAMIN | NGO RD, STE 3210 | | |
| TOTAL TOTAL STATE OF THE STATE | | Enter Florida stree | t address | |
| | COOPER CITY | | Florida | |
| | | 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 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 |
| | | | □Remove |
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| Comp | nany name should be changed from: "CAS MANAGEMENT. LLC" to: "CAS MANAGEMENT LLC" | |
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| effective <u>e:</u> If the | ate, if other than the date of filing: | |
| cord spec filed. | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date | ay after th |
| ed | | |
| _ | Signature of a member of a member | |