LZ1000053730

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

CAS MAN	AGEMENT LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Adam Sharpe		
		Name of Person	
	CAS MANAGEMENT LL	.c	
		Firm/Company	
	5846 S. Flamingo Road, St	te 3210	
		Address	Market Park State
	Cooper City, Florida 3333	0	
	nduin@commong.commtlle	City/State and Zip Code	
	admin@casmanagementllc. E-mail address: (to be used for future annual report n	otification)
For further information c	oncerning this matter, please c		
Adam Sharpe		954 849-0406 at ()	
Name o	f Person	Area Code Days	ime Telephone Number
Enclosed is a check for the	ne 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		Street Address:	
Registration S Division of C		Registration S Division of C	
P.O. Box 632	-	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

- ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAS MANAGEMENT LLC		
(Name of the Lim	ited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited I Florida document number L21000053730	Liability Company were filed on 01/29/2021	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLo	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	: 1
		<u>", ", ", ", ", ", ", ", ", ", ", ", ", "</u>
		思り
Enter new mailing address, if applicable:		ယ္တဲ့
Mailing address MAY BE A POST OFFICE BOX)		ෙ
	···	
3. If amending the registered agent and/or gent and/or the new registered office addr	registered office address on our records, <u>enteress here</u> :	r the name of the new registe
Name of New Registered Agent:	CASEY BROWN	
New Registered Office Address:	Enter Florida street addre	ess
	F	lorida
	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
AMBR	CASEY BROWN	5012 SW 105 AVENUE	
		COOPER CITY, FLORIDA 33328	□Remove
			□Add
			Change
			DAdd
			Remove
			□ Change
			Remove
			□ Change
			Add \
			□ Remove Change
			Change
			□Add
			□Remove
		_	Change

amending any other	nformation, enter chang	,•(s) (, 9	
 				
				
				
				
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f an effective date is listed, the Note: If the date inserted	han the date of filing:e date must be specific and can in this block does not meet on the Department of State	the applicable statutory	or more than 90 days after	tional) er filing.) Pursuant to 605.0207 is date will not be listed as
record specifies a delayed d is filed.	d effective date, but not an o	effective time, at 12:01 a	i.m. on the earlier of: (
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Dated07 07	2021	$\overline{Q_{0}}$.		TOTAL S.
Dated	2021 ,, January Signstart of a ment	ter of authorized represent	lative of a member	