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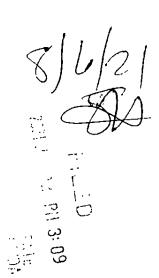
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Special Instructions to !	Filing Officer:	

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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	San Casa	a Ventues	
30brect		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bert	Name of Person	
		asa Venture Firm/Company	5.7
		Hist ST Address	
	F	City/State and Zip Code	FL 33901
	Dert Co	Sect Parsley o be used for future annual rep	. (0 M brt notification)
For further information c	oncerning this matter, please co	ill:	
Bert	Parsky	at ( <u>739</u> )	110 - 5474 Daytime Telephone Number
.vaine 0	11 (1301)	raca code	Daytine reteptione 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 enclose	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

San	Casa Vontues	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ted Liability Company)	) (
The Articles of Organization for this Limited Liability Comp Florida document number	any were filed on $0607$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		···
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	
	Δ . Ο .	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Name of New Registered Agent:	12-ert Varsley	
New Registered Office Address:	2147 Rist ST	
_ Fat	Enter Florida street address  Lyes, FL City.  Enter Florida street address	rida 3340
New Registered Agent's Signature, if changing Registered Age	e <u>nt:</u>	5. 6
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, and as provided for in Chapter 605, F	l I am familiar with and .S. Or, if this document is

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
AMBR	Stephan, Charles	2147 Rus ST	□Add
		Fixt Myers FL 33901 Change to AMBR	□Remove
			XChange
<u>AMBR</u>	Adenoto Rivera, Dear	119 7147 first St	
		Firt Myers, Fl 33901	□Remove
		change to AMBR	Change
AMBB	O Nezl, Laurel	7147 Frst ST	□ Add
	,	Firt Alyers, F1 33901	□Remove
		change to AMBR	Change
AMBR	Parsley Bert	2147 Rirst 5	□Add
		Fixt Myers, Fl 33 901	□Remove
			Change
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<u>e:</u> If the date ins	erted in this bloc	k does not meet t	he applica	to date of filing or more thable statutory filing req			
	e date on the Dep	eartment of State's	records.				
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		date, but not an ei	tective tii	me, at 12:01 a.m. on th	e earlier of: (b)	The 90t	n day after the
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