1125000092511

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(В	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
Amoud	
	Office Use Only



300080561753

10/12/06--01016--021 **25.00

DR. HOWALD PFERDEKAEMPER DIPL.-ING.

POST OFFICE BOX 885 LOXAHATCHEE - PALM BEACH COUNTY FLORIDA 33470

> FAX: USA (561) 798-3886 PHONE: USA (561) 753-0819 howaldp@aol.com

06 OCT 12 PH 12: 09
SECRETARY OF STATE

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: CASA LUCENTE DEVELOPMENT, L.L.C.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KENT HUEEMAN, ESQ (Name of Person)
(Firm/Company)
350 ROYAL PALM WAY SUITE 409
PALM BEACH, FL 33480 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

25.00 Filing Fœ

\$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASA LUCENTE DEVELOPMENT, L.L.C.
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 6/11/99 and assigned document number 1.9900003511	
SECOND: This amendment is submitted to amend the following:	
THE NAME OF THIS ORGANIZATION	
SHALL BE:	
"ART BY G-15ELA, L.L.C."	
FROM THE DOTE OF THIS AMENOMENT	
FORWARD.	
Ā.c. 0	
ASEC OC	1
	<i>7</i> -11
	Ü
Dated OCTOBER 11 , 2006	
Dunn	
Signature of a member or authorized representative of a member	
HORST E. PETRDEKAMPER, MANAGER Typed or printed name of signee	

Filing Fee: \$25.00