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(Requ	uestor's Name)			
(Addi	ress)	· · · · · · · · · · · · · · · · · · ·		
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S. HAWKES

JAN 4 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	Casa	Casuarina LLC		
SCLA			nited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	er to the following:		
	Stacy Wein Name of Person				
 			Firm/Company		
			Miami Beach, FL 33139		
- ·			City/State and Zip Code Stacywein@aol.com (to be used for future annual report notification	n)	
For fur	ther information	concerning this matter, please	call:	·	
		Stacy Wein of Person	at (<u>305</u>) <u>926</u> Area Code & Daytime Tele	5.2218 ephone Number	
Enclos	sed is a check for	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regis: Divisi P.O. I	LING ADDRESS: tration Section fon of Corporations Box 6327 nassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s .	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now apportability Company	ears on our records.			
		oning company	,			
The Articles of Organization for this Limited Li	ability Company	were filed on _	8/25/2000	and assig	gned	
Florida document numberM06000003	3474					
This amendment is submitted to amend the follo	owing:			SECRETARY OF TALLARIASSIE.		
A. If amending name, enter the new name of	the limited liab	ility company h	ere:	(g) (g)		
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ted Liability Com	pany," the designation "	LLC or the b	breviatio	
Enter new principal offices address, if applica	able:	1116 Ocean	Drive			
(Principal office address MUST BE A STREET ADDRESS) Miami Beach, FL 33139						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE I	BOX)					
B. If amending the registered agent and/o			our records, <u>enter</u>	the name of	the nev	
registered agent and/or the new registered of	ice address her	<u>e</u> :				
Name of New Registered Agent:	Stacy Wein	t tall the control of				
New Registered Office Address:	1116 Ocean					
		I	Enter Florida street ad	dress		
	Mi	ami Beach	, 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** Luxury Resorts LLC 9660 Falls of Neuse Road MGRM . ☐ Add Suite 138 #125 Remove Raleigh, NC 27615 1116 Ocean Drive MGR Anthony Boya ☐ Add Miami Beach FL 33139 ✓ Remove 1116 Ocean Drive MGR Leon W. Jackson Miami Beach FL 33139 Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ _ December 24 Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00