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(Requ	estor's Name)	
(Addre	ess)	
(Address)		
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WH 21092

# COVER LETTER

My daytime phone number is:

786.587.5740

My address:

104 Crandon Blud. Suite 315 Miami, FL. 33149.

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: CASOR LLC. (Name of Limited Liability Company)
(traine of Emiliary Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carolina Orozco (Name of Person)
(Name of Person)
CASOR LLC
(Firm/Company)
104 CRANDON BLVD, SUITE 315
(Address)
MIAMI, FLORIDA 33149
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
लंद । जिल्लाका क्षेत्र । जिल्लाका
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{ \$\subseteq \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{ \$\subseteq \text{Certified Copy (additional copy is enclosed)}} \text{ \$\text{Certified Copy (additional copy is enclosed)}}  \$\text{Certified Copy (additional c

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

## MAILING ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASOR LLC
(Present Name) (A Florida Limited Liability Company)
FIRST: The Articles of Organization were filed on July 13, 2004 and assigned document number LO400021092
SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:
D Please delete the following Managers/Members
from CASOR LLC:
1. Jaime Orozco 2. Ginette orozco
And add: CAROLINA OROZCO, as the sule manager / member of CASOR LLC.
Dated July 13, 2004 (please see additional Sheet)
Signature of a member or authorized representative of a member
Carolina Orozco
Typed or printed name of signee

Filing Fee: \$25.00

Also, please change the city
from "key Biscayne" to "Miami"
stated as CASOR LLC's principal
address, so that once corrected
reads:

CASOR LLC 104 Crandon Blvd. Suite 315 MIAMI, FL. 33149

Thank you, for your time.