Division of Corporations Electronic Filing Cover Sheet

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(((H100001133033)))



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TQ:

Division of Corporations

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From:

Account Name : AKERMAN SENTERFITT (MIAMI)

Account Number : 075471001363 Phone

: (305)374-5600

Fax Number

: (305)374-5095

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:					

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CASCORP LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$60.00

MAY 1 1 2010

5/10/2010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASCOR	RP LLC			
(Name of the Limited Liability Compa- (A Florida Limited L	ny na it now appears jability Company)	on our records.)		
•				
The Articles of Organization for this Limited Liability Company	were filed on	04/16/2010	_and assigned	
Florida document number L10000041079				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liable	lity company here:			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company	," the designation "LLC	" or the abbreviatio	m
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			16	Š
			3 0	웊
Enter new mailing address, if applicable:			O 0	: :
•				Ľ.
(Molling address MAY BE A POST OFFICE BOX)			7.	អឺ÷
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2) If any discretized and a set of the section of t			60 選	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here	ice adaress on our	records, enter the	name of the nev	<u>Y</u>
	-			
Name of New Registered Agent:			- 	
New Registered Office Address:				
MOW NORMOIDE OFFICE ANDRESS.	Enter	Florida street address		
	was to			
	City	, Florida	ip Code	
New Registered Agent's Signature, if changing Registered Agent:	,	2	טאטט קו	
эти кермени лени з этипине, и спаприте кершиней Аренс				
I hereby accept the appointment as registered agent and agree	e to act in this cape	icity. I further agree to	o comply with	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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, I hereby confirm that the limited liability

company has been notified in writing of this change.

05-10-10 03:44PM FROM-Akerman Senterfitt

+305 755 5863

T-258 P 003/003 F-737

(H10000113303 3)

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>	Name	Address	Type of Action
Pres.	Fernando Espinosa	15280 NW 79th Ct., Suite 103 Miami Lakes, Ft. 33016	Add Remove
<u>VP</u>	Samper Padron	15280 NW 79th Ct., Suite 103 Miami Lakes, Ft. 33016	✓ Add Romove
MD/S/I	Miguel A. Cervera	15280 NW 79th Ct., Suite 103 Miami Lakes, Fl. 33016	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	_
			- -
Dated	- Cu)	
-	/	Pedro A. Freyre ped or printed name of signee	
	ν	Dama 2 + 61	

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Filing Fee: \$25.00