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COVER LETTER

	gistration Section vision of Corporations
y/ SUBJECT:	Caseman LLC
SOBJECT	Name of Limited Liability Company
The enclose	d Articles of Amendment and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Damen Odosnik
	Name of Person
	Firm/Company
	1515 E. Brown Blud.
	Address
	Ft. Lauderdale FL 33301
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Name of Person at (954) 816-7651 Area Code & Daytime Telephone Number
t e	
	a check for the following amount:
\$ 25.00 F	iling Fee \$\ \bigcup \\$30.00 \text{ Filing Fee & }\ \bigcup \\$55.00 \text{ Filing Fee & }\ \bigcup \\$60.00 \text{ Filing Fee, }\ \text{Certificate of Status & }\ \text{Certified Copy }\ \text{(additional copy is enclosed)} \end{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

DIVISION OF CORFORATIONS
11 JAN -5 BY -

\mathscr{L}				II JAI	1-5 DH -		
Ca	eseman LC		•		1-5 PM 2:47		
(<u>Name of the Limited Lia</u> (A Flo		it now appe	ars on ou	r records.)			
(A FIG	orida Limited Liabil	ity Company,					
The Articles of Organization for this Limited Liabi	ility Company wer	e filed on	9/8	110	and assigned		
Florida document numberL\000009381							
This amendment is submitted to amend the following	ing:						
A. If amending name, enter the new name of th	e limited liability	company h	ere:				
The new name must be distinguishable and end with th "L.L.C."	he words "Limited I	iability Com	pany," the	designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicabl	le:	2540	Abyal	Palm Way	/		
(Principal office address MUST BE A STREET A		Weston	, FL	7alm Way			
Enter new mailing address, if applicable:		-					
•							
(Mailing address MAY BE A POST OFFICE BO	<u></u>						
	_						
B. If amending the registered agent and/or registered agent and/or the new registered office		address on	our rec	ords, <u>enter</u>	the name of the new		
Name of New Registered Agent:	DACO Consulting LLC						
New Registered Office Address: 1419 NE 7th St							
	Enter Florida street address						
	Ft. Laude	rdale		, Florida	33304 <i>Zip Code</i>		
-	C	ity			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, I hereby confirm that the limited liability company has been notified in writing of this change.

Mauren Ollens for DACO Consulting LLC
If Changing Registered Agent, Signature of New Registered Agent

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:

7 <u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Raquel Case	2540 Royal Falm Way Weston, FL 33327	Add XRemove
			Add Remove
···			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)	
			SECRETAR DIVISION OF C
Dated	December 29	2010j .	PH 2: L
	\sim	mber or authorized representative of a member off Herman Typed or printed name of signee	7 0 <i>K</i> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Page 2 of 2

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