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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : JORGE M CASTILLO CPA  
Account Number : 120140000067  
Phone : (305)275-0208  
Fax Number : (305)275-0210

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

Email Address: JORGE M CASTILLO - CPA.COM

2019 AUG 15 PM 4:16

APPROVED  
AND  
FILED

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

Certificate of Status	1
Certified Copy	0
Page Count	256
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8/14/2019 4:37:30 PM PAGE 1/001 Fax Server



August 14, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CASFOR LLC  
336 GOLFVIEW RD  
APT 1008  
N PALM BEACH, FL 33408

SUBJECT: CASFOR LLC  
REF: L19000180849

We have received your document for CASFOR LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

COVER SHEET MUST MATCH THE FORM THAT'S BEING SUBMITTED

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass  
Regulatory Specialist II  
Amount charged: 61.25

FAX Aud. #: H19000240991  
Letter Number: 919A00016799

RECEIVED  
AUG 15 2019  
FILED

H190002409913  
 NEW H190002428783  
 COVER LETTER

TO: Registration Section  
 Division of Corporations

SUBJECT: Casfor LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Jorge M Castillo CPA

Name of Person

Jorge M Castillo CPA

Firm/Company

9190 Sunset Drive

Address

Miami, FL 33173

City/State and Zip Code

jorge@castillo-cpa.com

E-mail address: (to be used for future annual report notification)

RECEIVED  
 AND  
 FILED

2019 AUG 15 PM 4:16

For further information concerning this matter, please call:

Jorge M Castillo

at (305)

305-3562

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
 Certificate of Status

☐ \$55.00 Filing Fee &  
 Certified Copy  
 (additional copy is enclosed)

☐ \$60.00 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

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H/19000240 9913

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

NEW H/190002428783

Castor LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 15, 2019 and assigned  
Florida document number L19000180849

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

H190002409913 New  
H190002428783

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lizby Casas Forero	336 Golfview Rd #1008 N Palm Beach, FL 33408	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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