

L 11000008506

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CASTLE 17, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

K. SALY
EXAMINER

JUN 2 2011



June 1, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CASTLE 17, LLC
2999 NE 191 STREET
PH8
AVENTURA, FL 33180

SUBJECT: CASTLE 17, LLC
REF: L11000008506

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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Karen A Saly
Regulatory Specialist II

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Letter Number: 911A00013339

P.O BOX 6327 - Tallahassee, Florida 32314

H11000143530

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11 JUN -1 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CASTLE 17, 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 01/20/2011 and assigned
Florida document number L11000008506

This amendment is submitted to amend the following:

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

2E3801T, LLC

The new name must be distinguishable and end with 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

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, 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

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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

Title	Name	Address	Type of Action
MGRM	DE LEON, VICTORIA	2999 NE 191 STREET PH 8 AVENTURA FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	AVENDANO, MARIANA	2999 NE 191 STREET PH 8 AVENTURA FL 33180 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. (If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 31st 2011

[Signature]
Signature of a member or authorized representative of a member

Castro Capales
Typed or printed name of signee

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Filing Fee: \$25.00

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