

L12000142255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

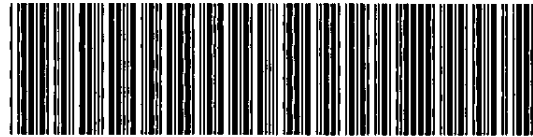
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

NOV 27 2012

EXAMINER



100241957281

11/26/12--01012--012 \*\*25.00

FILED  
12 NOV 26 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Castleton Office Center LLC  
C/O 11555 Heron Bay Blvd  
Suite 200  
Coral Springs, FL 33076  
202 289 6955

November 20, 2012

Via US Mail  
Florida Department of State  
Division of Corporations,  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Articles of Amendment to Articles of Organization  
Florida Document Number: L1200142255

To Whom It May Concern:

On behalf of Castleton Office Center LLC, I hereby request Amendment of the Articles of Organization of Castleton Office Center LLC. The original Articles of Organization, filed November 9, 2012 requested the name "Castleton Office Center, LLC". The amended name shall be "Castleton Office Center LLC" without the comma ("") before the LLC designation. The amendment shall be effective when filed with the Florida Department of State.

Enclosed, please find the signed amendment form and a check for the Filing Fee in the amount of \$25.



Sincerely,  
Gregory Wallach  
Authorized Representative  
202 289 6955

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**Castleton Office Center LLC**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**Gregory Wallach**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**11555 Heron Bay Blvd, Ste 200**

\_\_\_\_\_  
Address

**Coral Springs, FL 33076**

\_\_\_\_\_  
City/State and Zip Code

**aklein@kleinlawpllc.com**

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

For further information concerning this matter, please call:

**Gregory Wallach**

**202 289-6955**

at ( )

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Castleton Office Center, 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 November 9, 2012 and assigned Florida document number L12000142255.

This amendment is submitted to amend the following:

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

Castleton Office Center 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)

12 NOV 26 PM 4:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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**

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
		_____	
_____	_____	_____	<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.)*

---

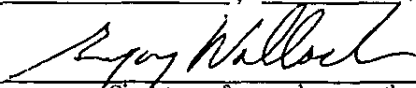
---

---

---

---

Dated November 19, 2012



Signature of a member or authorized representative of a member

Gregory Wallach

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**EFFECTIVE UPON FILING.**

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L12000142255  
FILED 8:00 AM  
November 09, 2012  
Sec. Of State  
clewis**

**Article I**

The name of the Limited Liability Company is:  
CASTLETON OFFICE CENTER, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2 NORTH MAIN STREET  
CASTLETON ON HUDSON, NY. US 12033

The mailing address of the Limited Liability Company is:  
11555 HERON BAY BLVD  
SUITE 200  
CORAL SPRINGS, FL. US 33076

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
ANDREW M KLEIN  
11555 HERON BAY BLVD  
SUITE 200  
CORAL SPRINGS, FL. 33076

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ANDREW M. KLEIN

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
ANDREW M KLEIN  
11555 HERON BAY BLVD, SUITE 200  
CORAL SPRINGS, FL. 33076 US

**L12000142255**  
**FILED 8:00 AM**  
**November 09, 2012**  
**Sec. Of State**  
clewis

### **Article VI**

The effective date for this Limited Liability Company shall be:

11/09/2012

Signature of member or an authorized representative of a member

Electronic Signature: GREGORY WALLACH

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.