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SECRETARY OF STATE
ALL AHASSEF, FLORIDA

J. BRYAN

NOV - 2 2010

EXAMINER

COVER LETTER

то:	Registration Sec Division of Cor				
SUBJECT: Castle R			eal Estate, LLC		
		Name of Limi	ted Liability Company		
ı					
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			Cynthia Guerrero		
			Name of Person		
Castle Realty		DBA or Castle Real Estat	e, LLC	TALLES TO N	
		Firm/Company		翌三	
85		32 Summerville Place		NOV-1 PH 2: 45 CORFTARSEE. FLORIF	
		Address			
		Orlando, FL 32819		5. 1.5	
		City/State and Zip Code		200	
		gueri	rerocd2002@yahoo.com to be used for future annual report noti	Coation	
			•	neation	
For fur	ther information co	oncerning this matter, please c	all:		
	Cyn	thia Guerrero	at (407)	492-5749	
	Name o	f Person		ne Telephone Number	
Enclose	ed is a check for th	ne following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose		of Status &
		ING ADDRESS:	STREET/COUR Registration Secti		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Castle Real E	Estate, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny <u>as it now appear</u> Jiability Company)	rs on our records.)	
Ç	J 1 27		
The Articles of Organization for this Limited Liability Company	were filed on	02/27/2006	and assigned
Florida document number 204388737			=10 =
			第三十
This amendment is submitted to amend the following:			强马二
_			- 1558 - 170
A. If amending name, enter the new name of the limited liab	ility company her	<u>:e</u> :	EFO P
Castle Bella R			PH 2:
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	any," the designation "	LLC" Office abbreviation
L.L.C.			000
Enter new principal offices address, if applicable:	8532 Summe	erville Place	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL	32819	
Enter new mailing address, if applicable:	8532 Summe	rville Place	
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL	32819	
B. If amending the registered agent and/or registered of		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	ldress		
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			 -
			Remove
			Do
		•	Remove
			Add Remove
			
D. If amend	ling any other informatio	n, enter change(s) here: (Attach additional sh	heets, if necessary.)
			TEGR N
	·		HEIL V
			SERY - F
Dated	10/27		ATE RIDA
	0.4	. 1	
	- CASO	ure of a member or authorized representative of a r	mamhar
	// Signati		memoei
		Cynthia Guerrero Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00