

67 000 101 370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CASTLE CAPITAL SP I, LLC
(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:

ERNEST L. MASCARA
(Name of Person)

ERNEST L. MASCARA, P.A.
(Firm/Company)

475 CENTRAL AVENUE, SUITE 202
(Address)

ST. PETERSBURG, FL 33701
(City/State and Zip Code)

For further information concerning this matter, please call:

ERNEST L. MASCARA at (**727**) **896-1200**
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CASTLE CAPITAL SP I, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 10/04/2007 and assigned
document number L07000101370.

SECOND: This amendment is submitted to amend the following:

PLEASE DELETE THE FOLLOWING MANAGER/MEMBER DETAIL:

TITLE: MGR

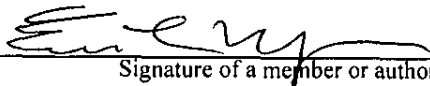
NAME: JONES, MICHAEL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated NOVEMBER 2, 2007.



Signature of a member or authorized representative of a member

ERNEST L. MASCARA

Typed or printed name of signee

Filing Fee: \$25.00 ✓