## L09000078288

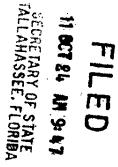
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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D. BRUCE

OCT 25 2011

EXAMINER





## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2011

STEVEN DAVID 2737 E OAKLAND PK BLVD. #203 FT LAUDERDALE, FL 33306

SUBJECT: CASTELLI REAL ESTATE SERVICES II, LLC

Ref. Number: L09000078288

We have received your document for CASTELLI REAL ESTATE SERVICES II, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 211A00023853

PICTEL MISTATE SECRETARY OF STATE FALLAHASSEE, FLORIB

## **COVER LETTER**

Division of Corporations
SUBJECT: Case   Rey Estate Services !! LLC
Name of Limited Liability Company
s wight of the second s
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steven David Name of Person
Steven David
2737 E Oak and At. Blul. # 203
Ft Laudress Fl 33306
City/State and Zip Code  Steven on the analysis of future annual report notification)
For further information concerning this matter, please call:
Seven David at 4B1 567-9/1/29 5 Mame of Person at 4B1 Shape Telephone Number State 1
And code a Bay mine Polephone Planton
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{Certified Copy (additional copy is enclosed)}} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ Certified Copy (add

MAILING ADDRESS:

TO: Registration Section

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			
Castelli Real Estate Service	es II		
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)		
(,,,,,,,,,,,,,,,,,,	$\sigma$ $l$ . $l$		
The Articles of Organization for this Limited Liability Company were filed on	8 114 7009	_ and as	signed
Florida document number <u>L0900078288</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limited Liability Comp"L.L.C."	any," the designation "LLC	" or the	abbreviation
Enter new principal offices address, if applicable:	<u>≯</u> os		
(Principal office address MUST BE A STREET ADDRESS)	. L A		-
	XM Ad		
	SAR	_ <u>\$</u> _	<u></u>
	er e	2	rin :
Enter new mailing address, if applicable:		vo vo	1 7
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> स्</u> र	
	60 m		
			, ,
B. If amending the registered agent and/or registered office address on exercise agent and/or the new registered office address here:	our records, enter the	name (	of the new
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
En	ter Florida street addres.	5	
	<b></b>		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

**Type of Action Title Address** Name ☐ Add Remove ☐ Add ☐ Remove  $\Box$  Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00