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SECRETARY OF STATE TALLAHASSEE, FLERIBA

T. CLINE

DEC - 3 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT:	Casti	llo Real, LLC	
SUBJECT.		ited Liability Company	-
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
•		James D. Palermo	···
_		Name of Person	
·	DeBartolo Holdings, LLC		
	·	Firm/Company	
	15436 No	orth Florida Avenue - Suite 200	
		Address	
	-	Гатра, Florida 33613	
	City/State and Zip Code		
	jpalern E-mail address: (no@debartoloholdings.com (to be used for future annual report notification)	
For further information	concerning this matter, please	•	ZNIO DEC SECRETA
	oneoning the maner, preuse		
	nes D. Palermo	at (813) 908-8400	S
Name	of Person	Area Code & Daytime Telephone Num	ber me
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification.	Filing Fee, icate of Status & ied Copy ional 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

Castillo (<u>Name of the Limited Liability Com</u> (A Florida Limite	Real, LLC pany as it now appead Liability Company)	ars on our records.)	_		
The Articles of Organization for this Limited Liability Compa Florida document numberL100000123064	nny were filed onl	November 30, 2	<u>010</u> a	nd assig	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company he	ere:			
The new name must be distinguishable and end with the words "L."	imited Liability Comp	pany," the designation	ı "LLC" (or the ab	breviation
Enter new principal offices address, if applicable:			SE	28	
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>		***************************************
			5/5/	- 12	Samming.
			が記	700	1-1
Enter new mailing address, if applicable:			153 / 1 1 100	5	1
(Mailing address MAY BE A POST OFFICE BOX)				<u>.</u>	·
			, C		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, ente	r the na	ame of	the new
Name of New Registered Agent:					
New Registered Office Address:		-1-Table -			
	Ei	nter Florida street a	ıddress		
		, 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>	Address	Type of Action
MGR_	DeBartolo Development, L	15436 North Florida Avenue Suite 200 Tampa, Florida 33613	Add Remove
MGRM	Impact Properties XI, LLC	7627 Courtney Campbell Causeway 7th Floor Tampa, Florida 33607	Add Remove
· -			Add Remove
		IALLAH	Add Remove
			Remove 2
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			-
_			
Dated	December 1 ,20	10	
		of authorized representative of a member	
		mes D. Palermo or printed name of signee	
	I vbed	of Difficultatile of Signee	

Page 2 of 2

Filing Fee: \$25.00