# L10000129552

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EXAMINER

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#### **COVER LETTER**

Division of Co	rporations				
SUBJECT: CA	ASTRO/ ELITE PRO	PERTY MANAGEM	ENT LLC		
30b3EC1	<del></del>	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		MANUEL CASTRO			
		Name of Person			
	MANUEL CASTRO LLC				
Firm/Company			<b>2011</b>		
27180 BAY LANDING DR #5			2011 AUG 22 SECHE FARY	1	
	Address			22 SSE	
	RON	ITA SPRINGS EL 3/13	5	PH S OC OF STATE E. FLORID	
BONITA SPRINGS, FL 34135  City/State and Zip Code			PH 99 08 Of State C. Florid	U	
	MANNYCA	STRO.SWFLRE@GMA	IL.COM		
	E-mail address: (	to be used for future annual report i	notification)		
For further information of	concerning this matter, please of	eall:			
MAN	IUEL CASTRO	at ( 239 )	221-8642		
Name o	of Person		ytime Telephone Number		
				,	
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	te of Status &	)

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

## ELITE PROPERTY MANAGEMENT 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 Li Florida document numberL10000129		12/20/2010	and assigned		
This amendment is submitted to amend the following	wing:				
A. If amending name, enter the new name of	the limited liability company here	<u>e</u> :			
	MANUEL CASTRO LLC				
The new name must be distinguishable and end wit "L.L.C."	n the words "Limited Liability Compar	ny," the designation "LL	.C" or the abbreviation		
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE	T ADDRESS)		=		
	-	H.	Š TI		
		255 1554	22		
Enter new mailing address, if applicable:	····	.mc			
(Mailing address MAY BE A POST OFFICE)	<u></u>	53			
			0		
B. If amending the registered agent and/or the new registered of		ur records, <u>enter th</u>	e name of the new		
Name of New Registered Agent:	MANUEL CASTRO				
New Registered Office Address: 27180 BAY LANDING DR #5					
	Enter Florida street address				
	BONITA SPRINGS	, Florida	34135		
	City		Zip Code		
New Dogistered Agentle Signature if shanging D	agistanad Acous				

#### 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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	MAGGIE CASTRO	27180 BAY LANDING DR #5 BONITA SPRINGS FL 34135	Add Remove
			[ D
			AddRemove
			Add Remove
			28 Dad Namove V
			FF De move
D. If amend	ding any other information, e	nter change(s) here: (Attach additional sheets, if n	necessary.)
<del></del>			
<u> </u>			
Dated	AUGUST 18th		
		Harto	
	Signature	of a member or authorized representative of a member	
		MANUEL CASTRO Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00