

# L12000056773

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CASBE PROPERTIES I, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OCT 23 2013 Help

T. HAMPTON

## COVER LETTER

H13000234509

TO: Registration Section  
Division of Corporations

SUBJECT: Osbe Properties 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:

Max A. Adams Esq.

Name of Person

The Medilaw Firm

Firm/Company

325 Almeria Avenue

Address

Coral Gables, FL 33134

City/State and Zip Code

angie@the.medilaw.firm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela M. Perez

Name of Person

at (305) 444-2484

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

H13000234509

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CASBE Properties I, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The Articles of Organization for this Limited Liability Company were filed on 4/26/13 and assigned  
Florida document number 412000056773

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

Title	Name	Address	Type of Action
MGRM	Ivan Castellon	11320 SW 107 <sup>th</sup> Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33176	<input type="checkbox"/> Remove
MGRM	ELSA Castellon	11320 SW 107 Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL - 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

41300023450

Dated October 22, 2013.



Signature of a member or authorized representative of a member

IVAN I. CASTELLON

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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