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EXAMINER



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COVER LETTER

Division of Co			
SUBJECT:	Castle Real B	Estate Group II, LLC	es.
		ted Liability Company	**************************************
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	M SER 24 PM M. V.
Please return all corresp	ondence concerning this matter	to the following:	9. F.
		Albo J Antenucci Jr	
		Name of Person	
		Real Estate Group II, LLC	
		Firm/Company	
		o Gardens Boulevard, Suite	304
	***************************************	Address	
	Вос	ca Raton, Florida 33432	
		City/State and Zip Code	
	E-mail address: (oa@castleregroup.com to be used for future annual report notifi	cation)
For further information	concerning this matter, please of	call:	
Albo	o J Antenucci Jr	at (954)	448-5674
Name	of Person	Area Code & Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Castle R (Name of the Limited Liab (A Flor	eal Estate Group II, LL bility Company as it now appears ida Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liabili Florida document number	• • • • • • • • • • • • • • • • • • • •	June 29,2012 and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	"," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A)	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Finto	r Florida street address	
	Enter Floriau street aaaress		
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	James L Popp	399 Camino Gardens Boulevard Suite 304 Boca Raton, Florida 33432	Add Remove
MGRM_	George A Capps	399 Camino Gardens Boulevard Suite 304 Boca Raton, Florida 33432	Add ✓ Remove
MGRM	CPP Properties, LLC	3500 Piedmont Road Suite 725 Atlanta, Georgia 30305	Add Remove
-11			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
			-
Dated	September 21	2012)	
	(,	Albo J Antenucci Jr ed or printed name of signee	·
	\vee	Page 2 of 2	

Filing Fee: \$25.00