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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 19 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Castle Tower Real Estate Investment, 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:

Rachel Lynn Tolley
Name of Person

The Law Offices of Rachel L. Tolley
Firm/Company

2600 South Douglas Rd Ste. 1008
Address

Coral Gables, FL 33134
City/State and Zip Code

Rachel@tolleylaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Tolley at (305) 444-6116
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Castle Tower Real Estate Investment, 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 Liability Company were filed on 7-17-2014 and assigned Florida document number L14000113232.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

Rachel L. Tolley

New Registered Office Address:

2600 South Douglas Rd. Ste. 1008

Enter Florida street address

Coral Gables

City

Florida

33134

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Karol K. Schwarby	4743 N. Ocean Drive	<input type="checkbox"/> Add
		Lauderdale by the sea	<input checked="" type="checkbox"/> Remove
		Florida 33308	<input type="checkbox"/> Change
MGR	Mervat E. Schwarby	4743 N. Ocean Drive	<input type="checkbox"/> Add
		Lauderdale by the sea	<input checked="" type="checkbox"/> Remove
		Florida 33308	<input type="checkbox"/> Change
MGR	MRK management family Limited Liability Limited partnership	4743 N. Ocean Drive	<input checked="" type="checkbox"/> Add
		Lauderdale by the sea.	<input type="checkbox"/> Remove
		Florida 33308	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 9th, 2015

Signature of a member or authorized representative of a member

KAROL KARIN PCHUARY

Typed or printed name of signee