115000129892

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900279383089

12/08/15--01008--010 **30.00

15 DEC -8 PH 12: 04

DEC 1 0 2015
Y SULKER

COVER LETŢER

	Registration Se Division of Cor			
CIDIEC		OCK INVESTMENTS II, LLC		;
SUBJEC	.1;	Name of Lim	ited Liability Company	. ,
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		David H Katz		
			Name of Person	
		Manager		
			Firm/Company	
		228 E Boca Raton Road		
			Address	
		Boca Raton, FL, 33432		
			City/State and Zip Code	
		dhkatz@castlerockllc.com	to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	-	.cu.toti,
David H	Katz		201 525-8022 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for the	he following amount:		
□ \$25.0	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

ARTICLES OF ORGANIZATION OF

Florida document number L15000129892 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 "LLC" are the 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 493 Boundary Blvd.	CASTLEROCK INVESTEMENTS	•					
Florida document number L15000129892 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 "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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 493 Boundary Blvd.	(Name of the Limite	ed Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)			
Florida document number L15000129892 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 "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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 493 Boundary Blvd.	The Articles of Organization for this Limited Li	ability Company were filed on July 29, 2015 and			and assig	nd assigned	
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 "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 registered agent and/or the new registered office address here: Name of New Registered Agent: Discount Registered Agent		······································					
The new name must be distinguishable and contain 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) Boca Raton, FL 33432 Enter new mailing address MAY BE A POST OFFICE BOX Boca Raton, FL 33432 COST OFFICE BOX Boca Raton Rd. Boca Raton, FL 33432 COST OFFICE BOX Boca Raton, FL 33432 COST OFFICE BOX Boca Raton Rd. Discount Registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 10	This amendment is submitted to amend the follo	owing:					
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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 493 Boundary Blvd.	A. If amending name, enter the new name of						
Enter new mailing 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) Boca Raton, FL 33432 CC Boca Raton, FL 33432 CC SC Boca Raton Rd SC Boca Raton, FL 33432 CC SC Boca Raton Rd SC Boca Raton Rd SC Boca Raton Rd SC SC Boca Raton Rd Boca Raton Rd	The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designati	ion "LLC" or the abbrevi	iation "L.L	.C."	
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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 228 E Boca Raton Rd. Boca Raton, FL 33432 CS 8 Boca Raton Rd. Discount Registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 493 Boundary Blvd.	Enter new principal offices address, if applica	able:	228 E Boca Raton Rd.				
Mailing address MAY BE A POST OFFICE BOX) Boca Raton, FL 33432 B	(Principal office address MUST BE A STREE	T ADDRESS)	Boca Raton, FL 33432				
B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: Discount Registered Agent Discount Registered Agent 493 Boundary Blvd.	• • • • • • • • • • • • • • • • • • • •	<u>BOX)</u>	*****				
Name of New Registered Agent: Discount Registered Agent New Registered Office Address: 493 Boundary Blvd.				records, enter the	name o	1.2.1	
110 Mognition Office Addition.	Name of New Registered Agent:	Discount Regis	tered Agent	L ORIUA	•		
	New Registered Office Address:	493 Boundary I					
Enter Florida street address			Enter Florida stre				
Rotonda West Florida 33947 City Zip Code		Kotonda West	City	, Florida ³³⁹⁴⁷	Tip 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.

George E. Mitchell

Discount Registered Agent
Account Manager

L'Changing Registered Agent, Signature of New Registered Agent

OF LEMOTER HAMILORI LECOLUS.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Remove
			Change
			Add Add Remove
			Remove SSET CHARGE C
			Remove
			☐ Change
			Add
			Remove
			☐ Change
-v			
			□ Remove
			☐ Change

	•				
				· - · · · · · · · · · · · · · · · · · ·	
					
-					
					
					
					
					
-				· · · · · · · · · · · · · · · · · · ·	,
					
				 	5 O
				ردرا رزر	
				ن ان ان	
Effective date, if o	other than the date of isted, the date must be special	filing:	oto of Clina or more than O	(optional)	7 No. 0007
Note: If the date in	isted, the take must be special iserted in this block does	not meet the applicable	statutory filing requires	ments, this date will r	not berlisted as
document's effective	e date on the Departmen	at of State's records.		, and the second se	
	ies a delayed effecti		n effective time, at	12:01 a.m. on t	he earlier of
The 90th day a	after the record is fi	iiea.			
December 3,)	2015			
Dated Dated	10/1/	· · · · · · · · · · · · · · · · · · ·			
	XXX				
pu	Signature	2 of a member or authorize	d representative of a mem	ber	
			•		
David H	. Katz /				
		Typed or printed na	me of signee	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	

Page 3 of 3

Filing Fee: \$25.00