

L 13000071105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

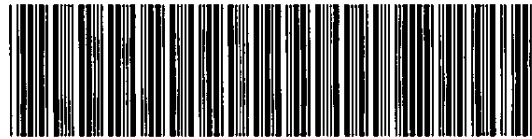
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Castle Renovations, 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:

Piotr Majewski  
Name of Person

\_\_\_\_\_  
Firm/Company

12392 72nd Ct North  
Address

West Palm Beach, FL 33412  
City/State and Zip Code

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

For further information concerning this matter, please call:

Piotr Majewski at (561) 503-0499  
Name of Person 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)

RECEIVED  
 SECRETARY OF STATE  
 TALLAHASSEE, FL 32301  
 13 OCT 18 AM 11:02

**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 Renovations, 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 2/28/13 and assigned  
Florida document number L13000031105

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12392 72nd Court North  
West Palm Beach, FL 33412

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12392 72nd Court North  
West Palm Beach, FL 33412

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:

Piotr Majewski

New Registered Office Address:

12392 72nd Court North  
Enter Florida street address

West Palm Beach, Florida 33412  
City 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.

Piotr Majewski

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	Piotr Majewski	12392 72nd Court N	<input checked="" type="checkbox"/> Add
		West Palm Beach, Fl 33412	<input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please add our FEIN# 36-4755092  
(Sunbiz says there is NONE)

Dated October 13 . 2013 .

Piotr Majewski

Signature of a member or authorized representative of a member

Piotr Majewski

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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