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COVER LETTER

	gistration Se vision of Cor			
elib iect.		ines Properties LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Erika D. Mena				
Please return	all correspo	ndence concerning this matter	to the following:	
		Erika D. Mena		
			Name of Person	
			Firm/Company	<u> </u>
		13137 SW 188 Street		
			Address	
		Miami. FL 33177		
		- -	com	
		E-mail address: (to be used for future annual report noti	fication)
For further i	nformation co	oncerning this matter, please c	all:	
	Erika	Mena		
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 E	Filing Fee		Certified Copy	Certificate of Status &
	MAILI	ING 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 Pines Properties LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L18000180719</u> .	y were filed on July 27, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	3 ≤s
	UG -6
Enter new mailing address, if applicable:	OR PO
(Mailing address MAY BE A POST OFFICE BOX)	3: 02
registered agent and/or the new registered office address he	office address on our records, enter the name of the nere:
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 Agen	<u>t:</u> /
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duries, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Ch	anging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
AMBR	Luis G. Pasmin Llanos	11830 Nautica Drive	■ Add
		Orlando, Fl 32827	□ Remove
			Change
AMBR	Erika D. Mena	13137 SW. 188 street	
		Miami, FL 33177	Remove
			Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change
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tive 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 60	5.0207 (3
	vill not be hs	ted as th
rd specifies a delayed effective date, but not an effective time at 12:01 a.m. e	n the earl	ior of:
	in the earn	ici oi.
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5 (M) (M)		
Who were		
Signature of a member or authorized representative of a member		
A A		
1	The date inserted in this block does not meet the applicable statutory filing requirements, this date vent's effective date on the Department of State's records. Outh day after the record is filed. 2018	e date, if other than the date of filing:

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Filing Fee: \$25.00