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COVER LETTER

TO:					:
CHID II	CASTILLO	D'S MARKETING LLC		j	
SUBJI	ECT:	Name of Lim	ited Liability Company		-
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		OSCAR L. DEL CASTILI	_0		
			Name of Person		
	Division of Corporations CASTILLOS MARKETING LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: OSCAR L. DEL CASTILLO Name of Person CASTILLO'S MARKETING LLC Firm/Company 660 SW 31ST AVE Address FORT LAUDERDALE, FL 33312 City/State and Zip Code GISELA@YOUROASISINC.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: DSCAR L. DEL CASTILLO Name of Person Area Code Daytime Telephone Number Area Code Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				
		S MARKETING LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: OSCAR L. DEL CASTILLO Name of Person CASTILLO'S MARKETING LLC Firm/Company 660 SW 31ST AVE Address FORT LAUDERDALE, FL 33312 City/State and Zip Code GISELA@YOUROASISINC.COM E-mail address: (to be used for future annual report notification) oncerning this matter, please call: LLO 954 982-5057 [Person Area Code Daytime Telephone Number of following amount: \$\Begin{array} \text{S50.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} Science Street Address: Registration Section of Corporations 7 Street Address: The Centre of Tallahassee			
	CASTILLOS MARKETING LLC Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. Preturn all correspondence concerning this matter to the following: OSCAR L. DEL CASTILLO Name of Person CASTILLO'S MARKETING LLC Firm/Company 660 SW 31ST AVE Address FORT LAUDERDALE, FL 33312 City/State and Zip Code GISELA@YOUROASISINC.COM E-mail address: (to be used for future annual report notification) Area Code Name of Person Set is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Sirrect Address: Registration Section Division of Corporations				
			Address		_
		FORT LAUDERDALE, F	L 33312		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		_
		-			
		E-mail address: (to be used for future annual report no	tification)	-
For fur	rther information c	oncerning this matter, please c	all:		
OSCAR L. DEL CASTILLO					
	Name o	f Person		ne Telephone Numb	per
Enclos	sed is a check for the	ne following amount:			
□ \$2	25.00 Filing Fee	_	Certified Copy	Certifi Certifi	cate of Status & ed Copy
				ection	
	Tallahassee	FI 32314	2415 N. Monr	oe Street, Suite	810

Tallahassee, FL 32303

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

CASTILLO'S MARKETING LLC

ARKETING LLC 2022 JAH 28 AH 7: 16

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) SECHE LARY OF STATE

The Articles of Organization for this Limited Liabilit	ty Company were filed on	and assigned
Florida document number L20000365837	·	
This amendment is submitted to amend the following	g .	
A. If amending name, enter the new name of the	limited liability company here:	
CASTILLO'S CONSTRUCTION GROUP LLC		
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	ered office address on our record	s, enter the name of the new registered
agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address		
-		Florida
	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 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			□Change
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ecord : is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t I.	the
ted	1/24/2028 Oscar del Costillo	
	Signature of a member or authorized representative of a member	