L21000368053

(Requestor's Name)
(Address)
(Address)
(1.001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(200 , 100)
(Document Number)
Certified Copies Certificates of Status
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10-23-24 0/031-017 143.75

2024 NOV 20 PH 4: 17
SECRETARY OF STAT



November 12, 2024

MARIA XIMENA CASTRO RENGIFO 10670 EUREKA ST BOCA RATON, FL 33428 US

SUBJECT: CASTRO RENGIFO LLC

Ref. Number: L21000368053

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FL INCORPORATON, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tyreek L Greene Regulatory Specialist II

2024 NOV 20 PH 4: 07

Letter Number: 424A00024687

COVER LETTER

	on Section f Corporations
SUBJECT:	CASTRO RENGIFO LLC Name of Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.
Please return all cor	rrespondence concerning this matter to the following:
	MARIA XIMENA CASTRO RENGIFO Name of Person
	CASTRO RENGIFO LLC Firm/Company
	10670 EUREKA STREET
	BOGA DATON FR 33428 City/State and Zip Code
	NENA CASTLO IL NGIFO O 6 MAIL. COM E-mail address: (to be used for future annual report motification)
For further informa	tion concerning this matter, please call:
MALIA X	imena castro rengija (305) 796-5171 Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing I	Fee
Division P.O. Bo:	tion Section Registration Section Corporations Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Compa	my were filed on	and assigned			
Florida document number					
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 Lia	ability Company," the designa	ntion "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 offic agent and/or the new registered office address here:	ce address on our record	ds, enter the name of the new register			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida st	rect address			
	City	Florida O Zip Fale			
New Registered Agent's Signature, if changing Registered Age					
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of my c as provided for in Chap.	luties, and I am fājúiliar with and () ter 605, F.S. Or, Hafis dammentis)			
If C	Changing Registered Agent, S	ignature 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 **Type of Action** <u>Name</u> Address Title AMIR LUCAS CASTELIANO CASTILO 10670 EUROMA ST, JOLA MATEN EXAUD □Remove _____ □Change ___ □Remove _____ □Change ______ □Add __ □Remove □ Change □Remove _____ □Change \square Add □Remove

_ □Change

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ctive date, if other	r than the date of	filing:		(ој	otional)	
effective date is listed. E: If the date inserte	the date must be speci- ed in this block does	fic and cannot be price not meet the appli	or to date of filing o icable statutory fi	r more than 90 days al ling requirements, 1	fter filing.) Pursu this date will n	ant to 605.02 of be listed a
iment's effective da	te on the Departmen	nt of State's record	s.	. ,		
ord specifies a delay filed.	red effective date, bi	ut not an effective	time, at 12:01 a.r	n, on the earlier of:	(b) The 90th	,day after th
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ed 11/20/2	2024				SECRATAR TALLAHA	3 /2
				1 -01		
	Signature	e of a member or aut	horized representati	れ ル し・ ive of a member		
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