

L23000053023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

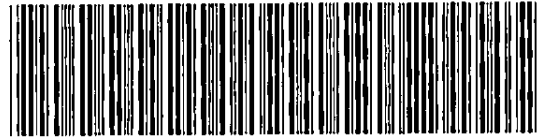
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500405225545

03/27/23--01024--015 **25.00

2023 MAR 27 AM 11:48
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 417 CASTLE 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:

Jamie Tarich
Name of Person
The Tarich Law Firm P.A.
Firm/Company
1946 Tyler Street
Address
Hollywood, Florida 33020
City/State and Zip Code
jamie@tarichlaw.com
E-mail address: (to be used for future annual report notification)

FILED
2023 MAR 27 AM 11:48
COUNTY OF FLORIDA
STATE

For further information concerning this matter, please call:

Jamie Tarich at (305) 503-5096
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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

417 CASTLE LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

2023 MAR 27 AM 11:48
STATE OF FLORIDA
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 02/03/2023 and assigned
Florida document number 123000053023

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 "L.L.C."

Enter new principal offices address, if applicable:

5014 16th Avenue, Suite 397

(Principal office address MUST BE A STREET ADDRESS)

Brooklyn, NY 11204

Enter new mailing address, if applicable:

5014 16th Avenue, Suite 397

(Mailing address MAY BE A POST OFFICE BOX)

Brooklyn, NY 11204

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

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 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.

Moshe Spira

If Changing Registered Agent, Signature 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Pinchus Schwartz	19790 W DIXIE HWY, SUITE 1007	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Moshe Spira	5014 16th Avenue, Suite 397	<input checked="" type="checkbox"/> Add
		Brooklyn, NY 11204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2023 MAR 27 PM 11:48
 STATE
 FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: ~~XXXXXX~~ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 9, 2023

Moshe Spira

Signature of a member or authorized representative of a member

Moshe Spira, Member

Typed or printed name of signer

FILED 2023 MAR 27 AM 11:48 STATE DEPT. OF STATE TALLAHASSEE, FL