

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CITI TAXES LLC
 Account Number : I20230000131
 Phone : (305)803-4427
 Fax Number : (305)402-6230

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2024 MAY 24 PM 3:04

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CITI TAXES@YAHOO.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ODENSE CASTLE LLC

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$30.00 |

M. SOLOMON
MAY 24 2024

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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: ODNSE 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:

ARMANDO VASQUEZ
Name of Person
CITI TAXES LLC
Firm/Company
5721 NW 112TH AVE APT 108
Address
DORAL, FL 33178
City/State and Zip Code
CITI.TAXES@YAHOO.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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For further information concerning this matter, please call:

ARMANDO VASQUEZ 305 803-4427
Name of Person at (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

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ODENSE CASTLE 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 02/13/2023 and assigned Florida document number L23000068753.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KILUTONS, LLC

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:

8342 NW 56 ST

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33166

Enter new mailing address, if applicable:

8342 NW 56 ST

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33166

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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:

MARIA CAMILA GONZALEZ

New Registered Office Address:

8342 NW 56 ST

Enter Florida street address

MIAMI

City

Florida 33166

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 Changing Registered Agent, Signature of New Registered Agent

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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

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| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------------|------------------|--|
| MGR | MARIA CAMILA GONZALEZ | 8342 NW 56 ST | <input checked="" type="checkbox"/> Add ✓ |
| | | MIAMI, FL 33166 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Alcides J Castillo Contreras | 3550 NW 83RD AVE | <input type="checkbox"/> Add |
| | | DORAL, FL 33122 | <input checked="" type="checkbox"/> Remove ✓ |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[Lined area for amending information]

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DIVISION OF CORPORATIONS
AND BUSINESS SERVICES

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E. Effective date, if other than the date of filing: _____ (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 MAY 24 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00