

LO4000028189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2017 MAY 15 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 16 2017  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CASTILLO INVESTMENTS EAST, 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:

ARNALDO CASTILLO  
\_\_\_\_\_  
Name of Person  
  
\_\_\_\_\_  
Firm/Company  
  
13400 SW 16 COURT  
\_\_\_\_\_  
Address  
  
DAVIE, FL. 33325  
\_\_\_\_\_  
City/State and Zip Code  
  
CIAFC68@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARNALDO CASTILLO                      954                      548.5012  
\_\_\_\_\_  
Name of Person                      at (                      )  
Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2017

ARNALDO CASTILLO  
13400 SW 16 COURT  
DAVIE, FL 33325

SUBJECT: CASTILLO INVESTMENTS EAST, L.L.C.  
Ref. Number: L04000028189

We have received your document for CASTILLO INVESTMENTS EAST, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 317A00007932

RECEIVED  
2017 MAY 15 AM 11:51  
TALLAHASSEE, FLORIDA

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2017 MAY 15 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

CASTILLO INVESTMENTS EAST, 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 APRIL 5, 2004 and assigned  
Florida document number L04000028189.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

10483 SW 54 STREET

COOPER CITY, FL. 33328

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

10483 SW 54 STREET

COOPER CITY, FL. 33328

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TALLAHASSEE FLORIDA

**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:

ARNALDO CASTILLO

New Registered Office Address:

13400 SW 16 COURT

*Enter Florida street address*

DAVIE

*City*

Florida 33325

*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

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	ARNALDO F. CASTILLO	13400 SW 16 CT	<input type="checkbox"/> Add
		DAVIE, FL. 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	E. CASTILLO REVOCABLE TRU	13400 SW 16 CT	<input type="checkbox"/> Add
		DAVIE FL. 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	A. CASTILLO REVOCABLE TRU	13400 SW 16 COURT	<input type="checkbox"/> Add
		DAVIE FL. 33325	<input checked="" 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

2017 MAY 15 AM 10:55  
 CLERK OF SUPERIOR COURT  
 TALLAHASSEE, FLORIDA

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[illegible]

(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)

(b) The 90th day after the record is filed.

Typed or printed name of signee

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2017 MAY 15 AM 10:55  
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TALLAHASSEE FLORIDA