## 1110001830

(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



000291818560

11/07/16--01031--018 \*\*25.00

2018 KDV -1 P # 35

D. BRUCE NOV 08 2016

## **COVER LETTER**

SUBJECT:	CASTELAR	LLC	
SOBJECT.		Name of Limited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are submitted for filing.	
Please return	all correspond	dence concerning this matter to the following:	
		RICHARD F. PUERTO	
		Name of Person	
		PUERTO RENFROW PLLC	
		Firm/Company	,
		2950 SW 27TH AVENUE, SUITE 100	
		Address	,
		MIAMI, FL 33133	
		City/State and Zip Code	
		rfp@puertorenfrow.com	
		E-mail address: (to be used for future annual report notification)	2016
For further in	nformation con	ncerning this matter, please call:	
Richard F. F			
	Name of P	Person Area Code Daytime Telephone Number	e u
Enclosed is a	a check for the	e following amount:	Sim Sign
S25.00 F	Filing Fee	(additional copy is enclosed) Certified	te of Status &

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASTELAK LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L11000118120}{L11000118120}$ .	were filed on 10/17/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	c/o PRCPA 2950 SW 27TH AVENUE, SUITE 100
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33133
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	c/o PRCPA 2950 SW 27TH AVENUE, SUITE 100 MIAMI, FL 33133
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	
New Registered Agent's Signature, if changing Registered Agent:	
Monoration rigent o biguature, it changing registered recite	

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>	Address	Type of Action
MGRM	HECTOR TONANTE	247 SW 8TH STREET #894	
		MIAMI, FL 33130	Remove
			Change
MGR	HECTOR TONANTE	247 SW 8TH STREET #894	<b>∃</b> Add
		MIAMI, FL 33130	Remove
			Change
MGR	MARIA GUADALUPE TONANTE	247 SW 8TH STREET #894	■ Add
		MIAMI, FL 33130	☐ Remove
			Change
MGRM	PATRICIA R. C. DE TONANTE	247 SW 8TH STREET #894	
		MIAMI, FL 33130	A SE Bemove
			AHETAR HASSE
	·		
			FRemove
			Change
<u></u>			Add
			Remove
			☐ Change

			r					<u>.</u>						<del></del>	
			<u></u>												
						•••									
												· · ·			
											<u></u>		ASS.	2016	-
													<b>⊅</b> 70 <b>T</b> 101	<u> </u>	
													ASSI	(	ľ
												·	in di	ס	ĺ
							·				-		STATE ORID	4.5	. `
		·											<del>D</del> A	<u>w</u>	-
												•			-
fective	date, if o	ther th	an the d	ate of fi	iling:						(op	tiona	1)		
an effectiv <b>ote:</b> If t	ve date is li he date in	sted, the o serted in	late must this bloc	e specific k does n	and contact	annot be et the a	prior to da pplicable	ite of fi statut	ling or n ory filin	iore than g requii	90 days at ements, 1	iter filin his dat	ig.) Pursua te will no	ant to 605 ot be list	5.020° .ed as
ocument	's effectiv	e date or	the Dep	artment	of Sta	te's rec	ords.								
	.1 <b>.</b>			- 66 L1.		<b>.</b>	<b>. .</b>							!:	
	d specifi th day a					te, bu	t not ar	і етте	ctive	ime, a	10.	ı a.m	i. on th	e earii	ero
		1.	10	. ^		9 .	ih								
ated	11		( h		,		<u> </u>		11						
	ι (	. (					10	1	<i>'</i>						
			S	ignature c	of a me	ember or	authorize	d repre	sentative	of a me	mber				
						_									

Page 3 of 3

Filing Fee: \$25.00