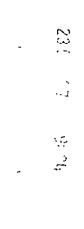
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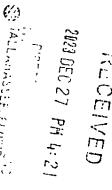
	(Requestor's Name)		
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·	(City/State/Zip/Phone #)		
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PICK-UP	WAIT MAIL		
	(Business Entity Name)		
	(Sushiess Cirily Name)		
	(Document Number)		
Certified Copies	Certificates of Status		
Centilled Copies	Certificates of Status		
Special Instructions to Filing Officer:			
Special instructions to rining Officer.			
	J. HORNE		
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/27/2023	
Name:		_
	2219667	<u> </u>
	CASTELLA	PROPERTIES, LLC
☐ Article	es of Incorporation/Authorization	n to Transact Business
✓ Amen	ndment	
☐ Chan	ge of Agent	
Reins	statement	
☐ Conv	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
Fictitie	ous Name	
☐ Other		
Authorized A	Amount: \$25.00	
Signature:	Suliana Prestia	

F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	12/27/2023	
Name:		
Reference #	2219667	
Entity Name	CASTELI	A PROPERTIES, LLC
	es of Incorporation/Authoriza	tion to Transact Business
	ge of Agent	
☐ Reins	statement	
☐ Conv	rersion	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
Othe	r	
Authorized /	Amount: \$25.00	
Signature: _	Juliana Prestia	

F: 800.944.6607

F: +852.2682.9790

DocuSign Envelope ID: 2BFA2701-3024-4493-9E82-DE88B4EDF9CA COVER LETTER

TO:	Registration Se Division of Cor			
e1:0 11	CASTELL.	A PROPERTIES, LLC		
avdje.		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		AMY DEAN		
			Name of Person	
		MELTZER, PURTILL &	STELLE LLC	
			Firm/Company	
		1515 E. WOODFIELD RI	D., STE. 250	
			Address	
		SCHAUMBURG, IL 6017	73	
		ADEAN@MPSLAW.COM	City/State and Zip Code	
		_	to be used for future annual report no	ntification)
For fur	ther information c	oncerning this matter, please c	all:	
AMY	DEAN		847 330-6045	
-	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclose	ed is a check for th	ne following amount:		
☑ \$2:	5.00 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 tailditional copy is enclosed
	Mailing Addres Registration S		<u>Street Address:</u> Registration S	ection

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: 2BFA2701-3024-4493-9E82-DE88B4EDF9CA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARI	TICLES OF ORGANIZAT OF	73 _E	? ÷
	CASTELLA PROPERTIES, LLC		2.3
(Name of the Lim	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited I Florida document numberL12000087325	•	JULY 3, 2012	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the di	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
		···	
B. If amending the registered agent and/or agent and/or the new registered office addre		cords, <u>enter the nar</u>	ne of the new regis
Name of New Registered Agent:	Corporation Service Company		
New Registered Office Address:	1201 Hays Street		
		ida street address	
	Tallahassee City	Florida <u>- 3</u>	2301 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.

Welissa Clarke, Melissa Clarke, Asst. V.P.
If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 2BFA2701-3024-4493-9E82-DE88B4EDF9CA in amenuing Authorized rerson(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>	Name	Address	Type of Action
MGR	HAROLD V. ANAGNOS	24011 VIA CASTELLA, UNIT 2403	🗆 Add
		BONITA SPRINGS, FL 34134	≣Remove
			□Change
MGR	CHRIS LIMBERAKIS	24011 VIA CASTELLA, UNIT 2403	≣ Add
		BONITA SPRINGS, FL 34134	□Remove
			□ Change
MGR	CONSTANTINE LIMBERKIS	24011 VIA CASTELLA, UNIT 2403	≣ Add
		BONITA SPRINGS, FL 34134	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

ti amendii	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an effective <u>Note:</u> If th	date, if other than the date of filing:
e record spord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	DECEMBER 26 2023
	Chris Limberskis
	Signature of a member or authorized representative of a member
	CHRIS LIMBERAKIS
	Typed or printed name of signee

DocuSign Envelope ID. 2BFA2701-3024-4493-9E82-DE88B4EDF9CA

TO: Registration Se Division of Cor				
	A PROPERTIES, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	AMY DEAN			
		Name of Person	117 7	
	MELTZER, PURTILL &	STELLE LLC		
	*	Firm/Company		
	1515 E. WOODFIELD RU)., STE. 250		
		Address		
	SCHAUMBURG, IL 6017	73		
		City/State and Zip Code		
	ADEAN@MPSLAW.CON			
For further information c	n-mail address: (oncerning this matter, please o	to be used for future annual report not all:	nication)	
AMY DEAN		847 330-6045		
Name of Person		at () Area Code ——Daytir	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
₹ \$25.00 Filing Fee	S30.00 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)	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> • Registration Sc	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303