

13000071105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

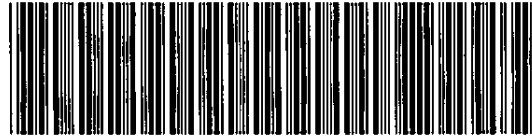
(Business Entity Name)

(Document Number)

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CLERK OF COURT
JALLABEE COUNTY
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Castle Renovations, 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:

Piotr Majewski
Name of Person

Firm/Company

12392 72nd Ct North
Address

West Palm Beach, FL 33412
City/State and Zip Code

pioxmaj@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Piotr Majewski at (561) 503-0499
Name of Person 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

13 OCT 18 AM 11:02
TALLAHASSEE, FL 32301
RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

Castle Renovations, 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 2/28/13 and assigned
Florida document number L13000031105

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 end with 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)

12392 72nd Court North
West Palm Beach, FL 33412

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12392 72nd Court North
West Palm Beach, FL 33412

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:

Piotr Majewski

New Registered Office Address:

12392 72nd Court North
Enter Florida street address
West Palm Beach, Florida 33412
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 608, 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.

Piotr Majewski
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Piotr Majewski	12392 72nd Court N	<input checked="" type="checkbox"/> Add
		West Palm Beach, Fl	<input type="checkbox"/> Remove
		33412	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

SECRET
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1 OCT 10 AM 11:02
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please add our FEIN# 36-4755092
(Sunbiz says there is NONE)

Dated October 13, 2013.

Piotr Majewski

Signature of a member or authorized representative of a member

Piotr Majewski

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA