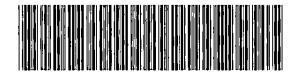
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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CORPORATE ACCESS, ____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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		CERTIFIED COPY	Υ		
	xx	РНОТОСОРУ	·····		
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	xx	FILING	AME	NDMENT	
1.		Barbosa Gomez CORPORATE NAME AND D	Family Mana	agement Company, LLC	
2.		(CORPORATE NAME AND D	OOCUMENT #)		
3.		(CORPORATE NAME AND D	OCUMENT #)		
4.	-	(CORPORATE NAME AND D	OCUMENT #)		
5.	-	(CORPORATE NAME AND D	OCUMENT #)		
6.		(CORPORATE NAME AND D	OCUMENT #)		
	CIAI TRU	L CTIONS:			

COVER LETTER

Divi	ision of Cor	porations		
JBJECT:	Barbosa Go	mez Family Management Con	npany, LLC	
BJECT.		Name of Lim	ited Liability Company	
e enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
ease return	all correspon	ndence concerning this matter	to the following:	
		Joseph A. Porrello		
			Name of Person	
		Joseph A. Porrello, P.A.		
			Firm/Company	
7700 N. Kendall Drive, Suite 602 Address				
		Miami, Florida 33156		
		magoco99@hotmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
or further in	formation co	oncerning this matter, please ca	all:	
oseph A. Po	rrello		305 374-0092 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
inclosed is a	check for th	e following amount:		
≣ \$25.00 F	iling 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:

TO: Registration Section

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

Barbosa Gomez Family Management Company, LLC	
(<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liabilit	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were	filed on 6-10-2013 and assigned
Florida document number L13000083573	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	company here:
Castellanos Gomez Family Management Company, LLC	
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	203
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ess on our records, enter the name of the new registe
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agent and/or the new registered office address here: Name of New Registered Agent:	
agent and/or the new registered office address here:	
	AH 8: 18 SSEE. FI

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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			[]Change
			□Remove
			Change
			□Add
			□Remove
			□ Change

		
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effective date is listed, the date temperature in this	he date of filing: must be specific and cannot be prior to date of filing or more than 90 block does not meet the applicable statutory filing requiren Department of State's records.	(optional) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
cord specifies a delayed effect filed.	tive date, but not an effective time, at 12:01 a.m. on the earl	lier of: (b) The 90th day after the
	2021	
February 2 ad		
ed February 2 /s/ Mario Gomez, 3		

Filing Fee: \$25.00